

2012



# Health Equity Assessment

Harris County  
**HCPHES**  
Public Health & Environmental Services

Houston Department of  
Health and Human Services



**Health Equity Report Prepared By**



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# TRANSFORMING THE HEALTH OF HOUSTON/HARRIS COUNTY

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The Houston/Harris County area is among the most vibrant regions in the U.S. The fusion of resources, talents, businesses, arts, languages, customs, cultures, peoples, and ideas has created an urban landscape that is totally unique. This blending of so many diverse factors has made Houston/Harris County what it is; a true 21<sup>st</sup> century metropolis. Yet, this same diversity presents as many challenges as it does benefits and opportunities.

For all of its richness in so many areas, Houston/Harris County faces many difficult questions that demand very different answers. These stark contrasts are clearly visible in the health and well being of the area's citizens. This is because within the landscape of Houston/Harris County's various racial and ethnic identities and geographical and socioeconomic differences emerges a community that experiences disparities and contradictions on multiple fronts of health and wellbeing.

The City of Houston and Harris County were among 26 states/communities to receive Community Transformation Grant (CTG) funding from the Centers for Disease Control and Prevention (CDC) to build capacity for sustainable efforts based on four strategic directions: *tobacco free living; active living and healthy eating; increased use of high impact, quality, clinical preventative services for hypertension and high cholesterol, and social and emotional wellness in children and adolescents.*

The four strategic directions were selected because they are vital to controlling chronic disease and improving public health. Addressing them has the potential to dramatically improve the health and wellbeing of residents across the Houston/Harris County area by having an impact on chronic disease management and prevention.

Tobacco use is the most preventable cause of disease, disability, and death in America. Annually, an estimated 443,000 people die prematurely from smoking or exposure to secondhand smoke, while 8.6 million live with a serious illness caused by smoking. In spite of these risks, approximately 46.6 million U.S. adults smoke cigarettes. Other forms of tobacco use, including smokeless tobacco, cigars, and pipes also have deadly consequences such as lung, larynx, esophageal, and oral cancers.<sup>1</sup> In Harris County in 2010, 17% of reported premature deaths were the result of smoking, including exposure to second hand smoke.<sup>2</sup> This report will examine some reasons and recommendations for this issue as it relates to this community.

Active living and healthy eating have become national priorities because of their link to obesity and chronic disease prevention.<sup>3</sup> Obesity, a major risk factor for many chronic diseases, has reached epidemic proportions.<sup>4</sup> The CDC reports that 63% of U.S. adults were obese or overweight in 2009. Texas fares even worse — fully two-thirds of Texans (66%) are overweight or clinically obese.<sup>5</sup> U.S. adult obesity rates rose from 11% percent in 1990 to 27% in 2009.<sup>6</sup>

Several studies have shown that improved access to healthy food and physical activity reduces obesity, including childhood obesity and reduces the risk for cancer and chronic diseases such as diabetes, heart disease and stroke. There is increasing evidence that changes in the environment can make healthy living *easier* when nutritious foods and safe places to play and be active in schools, neighborhoods, and worksites are available.<sup>7,8,9</sup>

**Increased use of high impact quality clinical preventive services with primary focus on hypertension and high cholesterol can also have a dramatic effect on community health.** Hypertension, or high blood pressure, is a serious U.S. public health challenge, affecting approximately 30% of adults and increasing the risk for heart disease and stroke, the first and third leading causes of death in the U.S.<sup>10,11,12</sup> In Texas, approximately 31% of adults have been diagnosed with hypertension.<sup>13</sup> Hypercholesterolemia or high blood cholesterol is a leading risk factor in the development of atherosclerosis and coronary heart disease (CHD). In 2011, 41% of adults in Texas who had had their blood cholesterol checked were told that it was elevated.<sup>13</sup>

Although often overlooked, mental health is closely linked with physical health and can influence health outcomes. **Social and emotional wellness** is the result of good living conditions, and is especially important for the healthy development of children and adolescents.

Factors that contribute to good mental health are what people think and feel about their lives, such as the quality of their relationships, their positive emotions and resilience, the realization of their potential, or their overall satisfaction with life—i.e., their “well-being” which generally includes global judgments of life satisfaction and feelings ranging from depression to joy.

The emotional and behavioral health of children is among the leading health concerns of U.S. parents. In 2005–2006, almost 18% of boys and 11% of girls had parents who talked to a health care provider or school staff about their child’s emotional or behavioral problems. Approximately 5% of children had been prescribed medication for these difficulties, and 5% had received treatment other than medication. Most children who received treatment obtained these services from a mental health private practice, clinic, center, or the child’s school.<sup>14</sup> The 2001 U.S. Surgeon General’s report on children’s mental health indicated that there is a current need for improved and expanded mental health services for children and adolescents.<sup>15</sup>

The CDC states that “health equity” is achieved when every person in a community has the opportunity to reach their full health potential and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances".<sup>16</sup>

Health Equity refers to a social goal and to an ideal. Besides wanting all residents of Houston/Harris County to achieve optimal health, unaddressed health disparities can lead to a loss in a community’s productivity, economic, and social development.

This Health Equity Report (HER) for the Community Transformation Initiative (CTI) brings together a summation of findings from existing health data, an extensive community engagement process and recommendations of a policy scan relevant to the four strategic directions. In sum, there is a genuine need for strengthening measures to curb issues in the community that may be amplified by social disparities.

# HOUSTON/HARRIS COUNTY DEMOGRAPHIC DATA

Houston, Texas is the fourth largest city in the nation (trailing only New York, Los Angeles and Chicago), and is the largest in the southern U.S. with a land area of almost 600 square miles. Founded in 1836, the City of Houston has a population of 2.1 million, according to the 2010 Census.<sup>17</sup>

Houston's population is very diverse, with a racial breakdown of 44% Hispanic, 26% White, 24% African American, and 6% Asian American and one of the youngest populations in the nation (median age of 33 years, and over 27% less than 18 years old).<sup>18</sup> More than 90 languages are spoken throughout the Houston area.<sup>17</sup>

These characteristics make Houston a dynamic and energetic place to live and raise a family, but also present unique challenges in regards to achieving health equity for all Houstonians. In addition to Houston, there are 33 other municipalities in Harris County (Appendix A, Figure 1).

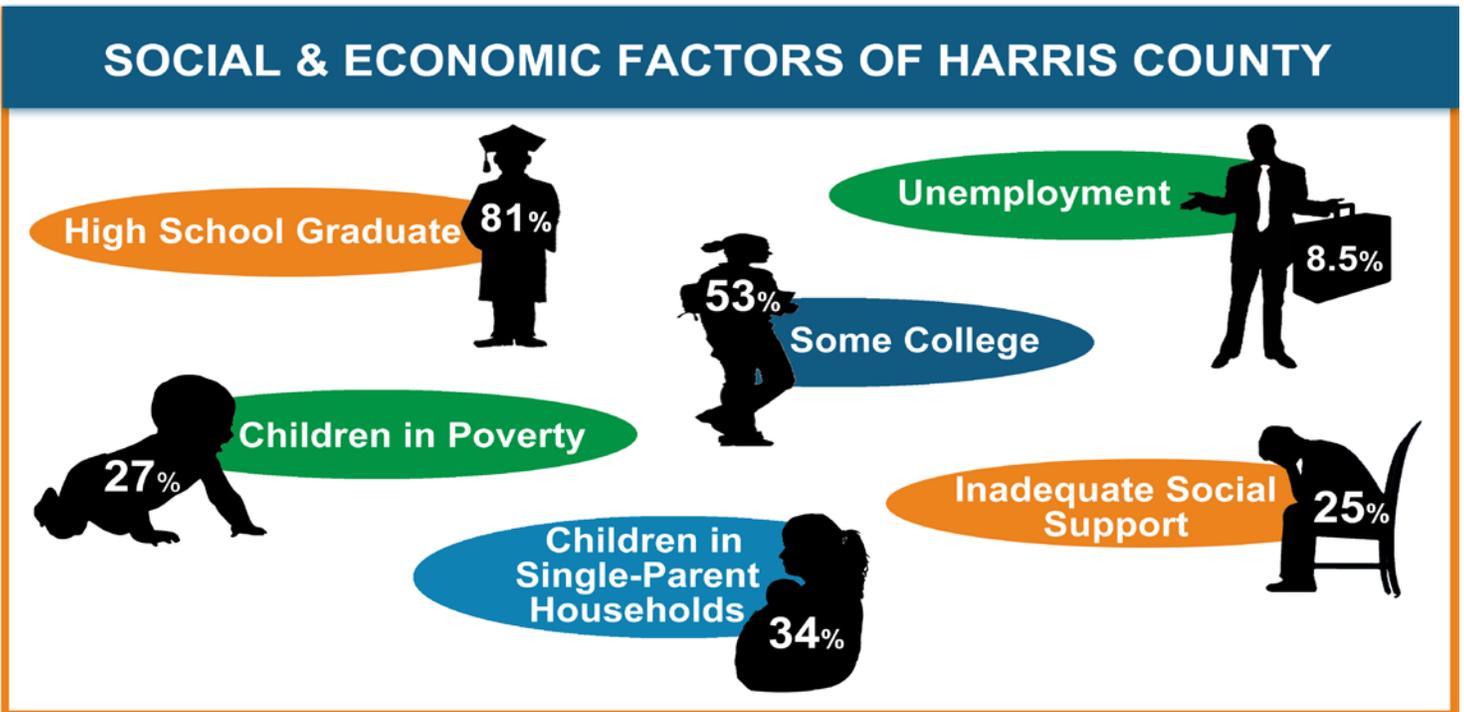
Houston is encompassed by Harris County, which has a population of 4.1 million people – making it larger than 27 states. Approximately 41% are Hispanic, 33% White, 19% African American, and 6% Asian Americans. Harris County has a land area of over 1703 square miles.



FIGURE 1. HEALTH OF HOUSTON 2010 NEIGHBORHOODS

Figure 1 above is from the Health of Houston Survey 2010 (HHS2010) and shows the City of Houston (striped area) within Harris County and major thoroughfares throughout. In this study, data are compiled by the 28 different identified geographic areas. In the CTI project, data will be described using these same 28 areas.<sup>19</sup>

Some of these areas are made up predominately of one racial or ethnic group while others have no clear racial majority. For instance, many of the City's Latino and Mexican American neighborhoods are found in east Houston, while Acres Homes and Sunnyside closer to south Houston are heavily African American, with several Asian-American communities in the southwest.



The Robert Wood Johnson Foundation through the University of Wisconsin Population Health Institute annually ranks nearly every county in the U.S. and publishes a report called the *County Health Rankings* to illustrate the existing knowledge about the causes of illness and wellness.<sup>20</sup> In 2012, Harris County ranked 53 in Health Outcomes out of 221 counties in Texas, which on the surface appears to be a respectable ranking. However, a deeper look at the data reveals a more complex picture.

Although Harris County fared better on overall mortality (death rate), health behaviors, and clinical care, it scored considerably lower on morbidity (characteristics that contribute to death), social and economic factors, and the physical environment.

<i>Table 1. Health Rankings of Harris County</i> <sup>20</sup>					
	HARRIS COUNTY	ERROR MARGIN	NATIONAL BENCHMARK*	TEXAS	RANK (OUT OF 221)
<b>Health Outcomes</b>					53
<b>Mortality</b>					39
Premature death	7,099	7,010-7,189	5,466	7,186	
<b>Morbidity</b>					97
Poor or fair health	19%	17-20%	10%	19%	
Poor physical health days	3.6	3.2-3.9	2.6	3.6	
Poor mental health days	3.1	2.8-3.3	2.3	3.3	
Low birth weight	8.45	8.3-8.5%	6.00%	8.20%	
<b>Health Factors</b>					160
<b>Health Behaviors</b>					38
Adult smoking	17%	15-18%	14%	19%	
Adult obesity	29%	27-31%	25%	29%	
Physical inactivity	23%	21-25%	21%	25%	
<b>Clinical care</b>					48
Uninsured	29%	28-29%	11%	26%	
<b>Social &amp; Economic Factors</b>					187
High school graduation	81%			84%	
Some college	53%	53-54%	68%	56%	
Unemployment	8.50%		5.40%	8.20%	
Children in poverty	27%	26-28%	13%	26%	
Inadequate social support	25%	23-27%	14%	23%	
Children in single-parent households	34%	33-34%	20%	32%	
Violent crime rate	851		73	503	
<b>Physical Environment</b>					221
Air pollution-particulate matter days	3		0	1	
Air pollution-ozone days	41		0	18	
Access to recreational facilities	7		16	7	
Limited access to healthy foods	8%		0%	12%	
Fast food restaurants	52%		25%	53%	

\*Data supplied on behalf of state

Note: Blank values reflect unreliable or missing data

Source: University of Wisconsin Population Health Institute, *County Health Rankings and Roadmaps*.

**What this underlines is that, while the overall health of the area in comparison to Texas counties and the overall U.S. may be good, the environment for creating, and maintaining good health leaves much to be desired.** Because the residents of Houston/Harris County are its most valuable resource, relevant ways must be found to reduce tobacco use and exposure to second hand smoke, provide access to healthy foods, incorporate more physical activity, address emotional and mental wellness for youth and the community at large, and expand access to healthcare resources to manage chronic diseases.

As the capacity to deal with these health issues increases, so too will the quality of life for all area residents, not just today, but for future generations as well. Creating and sustaining a community that values health and well-being is measured across lifetimes, not simply years or decades. The lasting impacts of smart policy are significant and this is particularly true with regards to public health policy.

## SOCIAL DETERMINANTS OF HEALTH (SDOH)

Although many perceive one's health status as solely the result of individual behaviors, the World Health Organization and the Centers for Disease Control and Prevention recognize that social determinants of health, that is, the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness, play a major role in determining a person's health status.<sup>21</sup> These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics. **Good health does not exist in a vacuum but is the result of both individual decisions and the environment in which those decisions are made.**

### Some Of The Social Determinants Of Health Have Been Identified As:

- Poverty
- Hunger
- Occupational Hazards
- Relations At Work
- Social and Economic Effects of Aging
- Gender Relations
- Ethnic/Racial Relations Including Experiences of Racism
- Home Circumstances
- Disposable Income
- Diet
- Habitual Behaviors Relating to Food, Alcohol, Tobacco and Exercise
- Position Now And In The Past
- The Effects Of Past Behaviors
- Schooling
- Marital Status

Figure 2 illustrates the areas of Harris County of greatest disadvantage and health status. Although not all of these factors were examined in detail during the CTI community engagement process, they frequently came up in discussions with community members, policy makers and leaders of health organizations. For a full list of corresponding zip codes, see Appendix A, Table 1.

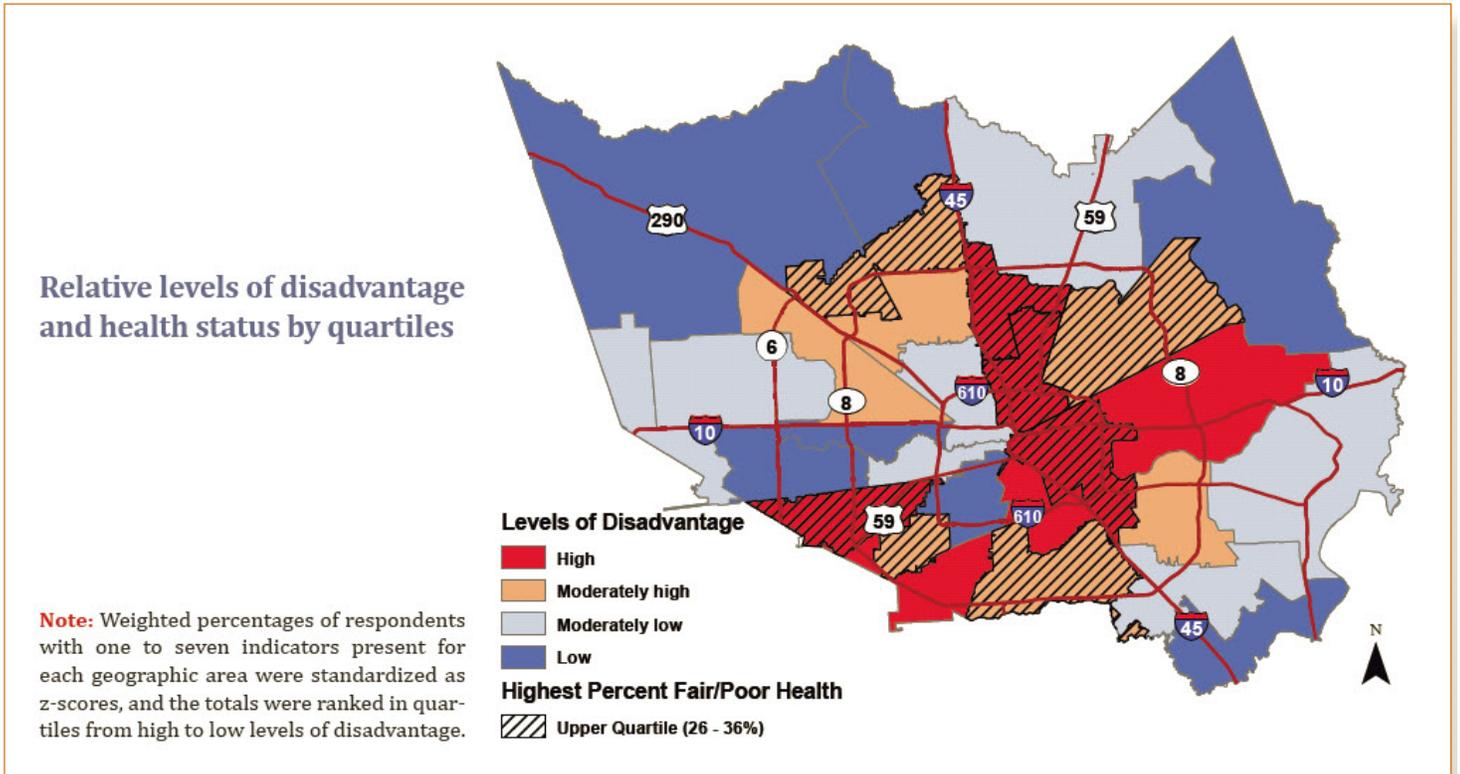


FIGURE 2. AREAS OF HARRIS COUNTY OF GREATEST DISADVANTAGE AND HEALTH STATUS.

Also in Appendix A, Figures 2 and 3 illustrate how geographic areas of Harris County that have been deemed as having a high level of disadvantage are also consistent with high levels of mortality (excess deaths) and Years of Potential Life Lost (YPLL). As data on each of the four strategic directions are presented, the possible links between Social Determinants of Health and health are discussed.

## METHODOLOGY

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Much of the health data for this report was drawn from the results of the Health of Houston Survey 2010 (HHS 2010).<sup>19</sup> The survey was conducted by the Institute for Health Policy at the University of Texas School of Public Health under the leadership of Dr. Stephen Linder and his research team. The HHS 2010 was an address-based survey of Harris County's population to collect extensive information for multiple segments of the population on health status, conditions, behaviors, insurance coverage, access to care and other related topics. The study used three modes of data collection, telephone, web, and mail because of the high level of cell phone use in Harris County. The study was designed to capture reliable data for a number of populations:

- Residents in 28 geographical areas within Harris County and the City of Houston. (see Figure 1)
- Specific zip codes listed in Appendix A, Table 1
- African Americans, Hispanics, Vietnamese, Other Asians, and Whites
- A standard range of age and income cohorts

The HHS 2010 sample of 5,116 households, including 5,116 adults and 1,378 children (information collected by proxy) is representative of Harris County and the City of Houston's population. The survey was administered in English, Spanish, and Vietnamese. The HHS 2010 data were used because it provides such a statistically relevant overview of the area's health and attitudes.

Although the HHS 2010 survey was the primary source of data, other sources included: The State of Health of Houston/Harris County 2012, Behavioral Risk Factors Surveillance System, (BRFSS), State Comptroller Susan Combs, Texas Department of State Health Services Bureau of Vital Statistics, the Youth Risk Behavioral Surveillance System (YRBSS), Texas Education Agency, Children At Risk, City of Houston Department of Health and Human Services, and the Harris County Public Health and Environmental Services.

## COMMUNITY ENGAGEMENT

Community engagement was an essential component in developing this report and was also a method of building capacity leading towards community transformation. Community input enhances the understanding of how to address health inequities while community engagement in diverse communities and populations coupled with statistics provided a clearer picture. **Connecting with the broader Houston community led to the creation of a collection of perspectives ranging across neighborhoods, ethnicity, gender, marital status and education.**

The community engagement plan was based on several objectives. Activities were conducted in each of the 4 Harris County Precincts – the political sub-divisions governing Harris County (Appendix A, Figure 4). Communities with language barriers (non-English speakers) were included through the use of interpreters. Efforts were also made to include specific populations, such as the Lesbian, Gay, Bisexual and Transgendered (LGBT), the disabled, veterans, and Native Americans. For detailed results of community engagements, see Appendices B,C,D,E.

### METHODS OF ENGAGEMENT:

Community input was collected using several methods, including surveys (both hard copy and online), focus groups, nominal groups, and key informant interviews. Participants were recruited through community-based organizations serving the targeted populations and information was distributed via flyers, health fairs, and other community events held at shopping malls, churches, recreational facilities and other community centers.

In Table 2, focus group, nominal group and survey respondents were asked to provide demographic information so that an evaluation of the representativeness of the respondents could be assessed. However, the overall purpose of this sample was to obtain a “snapshot” of community perspectives, especially among hard-to-reach populations and those who might not readily respond to an online survey. In addition, the groups of individuals ranked the strategic directions in the order they felt reflected the priority for their neighborhood. Respondents were also asked to list the positive characteristics of their neighborhood and the things that needed improvement. (Appendix A, Exhibit 1)

In developing the community engagement plan, a preliminary review of the 28 neighborhoods and their status in regards to the four strategic directions was conducted. Table 3 illustrates the neighborhoods with the greatest needs based on indicators selected from the HHS 2010 that best measure each strategic direction.

## DEMOGRAPHICS OF PARTICIPANTS IN COMMUNITY ENGAGEMENT

Table 2. Demographics of community engagement participants

	Nominal Groups N=113	Focus Groups N=108	Hard Copy Survey N=508	Online Survey N=2222	TOTAL N=2951	%
<b>Ethnicity</b>						
White	51	5	38	1290	1384	49
African American	30	11	205	283	529	19
Hispanic	19	51	129	336	535	19
Asian American	6	41	107	85	239	9
Other	3		7	80	90	3
Native American	1		1	21	23	1
<b>Gender</b>						
Male	23	37	153	646	859	30
Female	81	67	344	1475	1967	68
Transgender	7		2	45	54	2
<b>Age</b>						
<18	1	1	5	3	10	<1
18-24	6	20	54	70	150	5
25-34	26	18	99	445	588	21
35-44	9	15	94	456	574	20
45-54	18	10	73	461	562	20
55-64	31	17	82	489	619	22
65-74	15	13	48	213	289	10
75+	3	10	19	36	68	2
<b>Education Level</b>						
< high school	2	9	47	12	70	3
Some high school	1	17	58	16	92	3
High school/GED	6	18	117	111	252	9
Some college	29	19	121	381	550	20
College graduate	23	18	103	816	960	34
Post baccalaureate	44	11	32	789	876	31
<b>Marital Status</b>						
Married	24	50	222	1243	1539	54
Partnered/coupled	14	4	54	152	224	8
Single OR never married	47	30	154	404	635	22
Divorced	18	7	45	265	335	12
Widowed	5	14	24	56	99	3

Table 3. Indicators for Strategic Indicators for the 28 Harris County Neighborhoods, Using HHS 2010.

Neighborhoods	STRATEGIC DIRECTIONS										Social And Emotional Wellness	Number Of High Risk Indicators
	Tobacco Free Living	Active Living And Healthy Eating**						High Impact Quality, Clinical Preventive Services With Primary Focus On Hypertension And Cholesterol				
	Current Smokers	Obese Adults	Children (12+ Y) @ Unhealthy Weights*	< Recommended Aerobic Activity	No Fruits & Veggies	Barriers To Care- Children	Barriers To Care- Adults	CVD Diagnosis	BP Diagnosis			
1. Downtown-East End		X (55%)	X (68%)	X (26%)			X (32%)					4
2. Near Northside-Fifth Ward	X (24%)	X (67%)	X (57%)	X (22%)			X (35%)	X (11%)	X (35%)	X (11%)	X (11%)	7
3. Northline-Eastex		X (74%)				X (42%)	X (35%)				X (11%)	4
4. Third Ward-MacGregor-Gulfgate		X (68%)				X (36%)						2
5. Pasadena-South Houston	X (24%)		X (65%)									2
6. Edgebrook-Ellington	X (24%)							X (11%)				2
7. Baytown-LaPorte							X (29%)		X (35%)			2
8. Channelview-Cloverleaf	X (23%)		X (64%)								X (14%)	3
9. Clearlake Area												0
10. Greater Heights-Washington								X (11%)				1
11. Champions-Willowbrook		X (76%)			X (21%)		X (33%)				X (12%)	4
12. Acres Homes-Greater Inwood		X (72%)	X (61%)			X (31%)			X (40%)			1
13. Spring-Humble-IAH area		X (72%)	X (58%)									3
14. Atascosita-Lake Houston	X (22%)	X (72%)										3
15. Medical Ctr-West U-Bellaire												0
16. Gulfton-Sharpstown-Alief				X (65%)	X (26%)		X (32%)				X (12%)	2
17. Central Southwest-COH Fort Bend												2
18. Westbury-Meyerland-Fondren					X (28%)			X (14%)				1
19. East Houston-Settegast	X (30%)	X (76%)						X (10%)	X (59%)	X (20%)		6
20. Upper Kirby-Greater Uptown												0
21. Briarforest-Westchase									X (36%)			1
22. Spring Branch Carverdale												1
23. North Central Harris												0
24. Tomball-Cypress												0
25. Memorial Area						X (35%)		X (18%)	X (39%)			2
26. Katy-Cinco Ranch												1
27. Addicks-Bear Creek												0
28. Sunnyside-Greater Hobby			X (56%)	X (22%)	X (22%)	X (30%)	X (29%)		X (39%)			5

\*13 areas have no data, need to check on BRFSS or YRBS data, \*\* Also have data on access to parks in Harris County, \*\*\* Missing data on 4 areas, North Central Harris, Memorial Area, Katy-Cinco Ranch, Clearlake Area, X= areas of highest need as indicated on the Health of Houston 2010 Survey.

## **POLICY SCAN**

A Policy Scan report was conducted and is available as a separate document with relevant excerpts included in this health equity report under each strategic direction. The purpose of the Policy Scan is to identify public policies, practices and programs that have as their aim to reduce the extent of health disparities.

The Policy Scan provides a research based set of recommendations that take into account health equity and feasibility.

The Policy Scan also considers implementation mechanisms and issues of suitability. Because of the careful deliberations that went into formulating them, the recommendations from the Policy Scan do not precisely mirror community input. However, the Policy Scan recommendations do address the underlying causes and concerns in the communities discussed in this report.

Each section of this report makes use of the relevant Policy Scan recommendations to help connect the expressed needs of the community to potential policy oriented solutions. In this way, the Policy Scan works in conjunction with this report by substantiating through research the more specifics approaches to this report's broader findings.

## **REPORT FORMAT**

This health equity report is divided into four major sections, reflecting the four strategic directions prescribed by the Community Transformation Initiative. Within each section, relevant health and social determinant data are presented as it pertains to Houston/Harris County. Following that are recommendations from the policy scan. Then, a summary of what community members across the county said in regards to that strategic direction, as well as the solutions and recommendations they made. Finally, conclusions are drawn through a health equity lens.

# STRATEGIC DIRECTIONS

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## **STRATEGIC DIRECTION 1: TOBACCO FREE LIVING**

### *What the Data Show*

Tobacco use is the leading cause of preventable disease and death in Texas. Smoking-related diseases cause more deaths than substance abuse, car crashes, suicides, homicides, and fire – combined.<sup>22</sup> Annually more than 24,100 Texans die from a smoking-related illness such as cancer or cardiovascular and respiratory disease. Tobacco use is associated with a wide range of other health conditions, and leads to several diseases and affects every organ of the body.<sup>23</sup> In 2005, more than 27,000 Texans were diagnosed with tobacco-related cancers and approximately 17,800 Texans died from tobacco-related cancers.<sup>24</sup> The leading cause of cancer deaths among Texas men and women is lung cancer. More than 90% of lung cancers in men and 90% of all esophageal cancers are related to tobacco use.<sup>25,26</sup> Tobacco use increases risk for chronic lung disease. In 2005 there were 26,718 hospitalizations due to chronic lung diseases such as asthma, chronic bronchitis and emphysema in Texas.<sup>27</sup> Approximately 80% - 90% of all these deaths were due to smoking.<sup>24</sup> However, from 2007-2010, the percentage of adults in Texas who were current smokers went from 19% to 16%, which may indicate a downward trend.<sup>13</sup>

In Harris County, 16.8% of the population reported being a current smoker. African Americans reported a higher percentage of current smokers (22%) than Whites (18.3%) and Hispanics (12%).<sup>28</sup>

**According to the HHS 2010 data in Figure 3, the neighborhoods with the highest percentage of current smokers are**

East Houston-Settegast	30%
Near Northside-Fifth Ward	24%
Edgebrook-Ellington	24%
Pasadena-South Houston	24%
Channelview-Cloverleaf	23%
Atascocita-Lake Houston	22%

**The Houston area average was 17%. These may be areas that should be targeted for interventions to prevent and reduce tobacco use.**

Tobacco use often starts during adolescence. Among Harris County youth, 12-17 years of age, 44% reported trying cigarette smoking; males admitted to this behavior more than females (49% vs. 39%). Sixteen percent of males and 10% of females smoked cigarettes on one or more days in the past 30 days.<sup>29</sup> (Appendix B, Table 1)

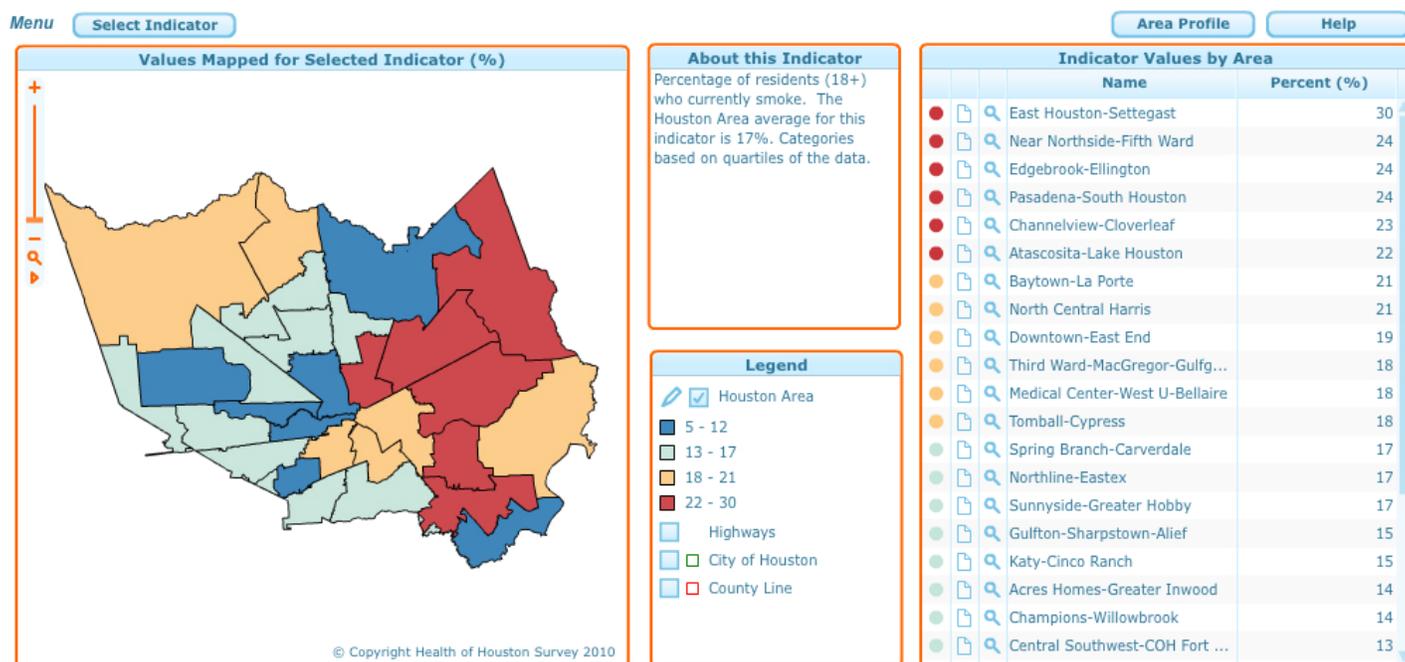


FIGURE 3 CURRENT SMOKERS (HHS 2010)

In 2004-2005, the Center for Health Equity and Evaluation Research (formerly the Center for Research on Minority Health) conducted the Asian American Health Needs Assessment (AsANA) among the Chinese and Vietnamese communities in the Greater Houston area. The data showed that although tobacco use (defined as smoking 100 cigarettes in one's lifetime) is comparatively low among Chinese and Vietnamese, when the data are disaggregated by gender, Vietnamese and Chinese males have a very high rate of smoking (45% and 35%, respectively)<sup>30</sup> (Appendix B, Figures 1 and 2). There may be a similar pattern based on gender in other minority communities.<sup>31</sup>

## What the Community Said

### About smoking in public places

- *Even though I don't smoke, I have to walk through areas where people smoke, like outside of businesses, at parks and I have to breathe in the fumes. This is really bad for people with asthma and for small children.*
- *It's hard to tell people that they cannot smoke in public places; they get mad at you and tell you to mind your own business.*
- *Apartment managers cannot tell their tenants they cannot smoke in their apartments, because that is their "home."*

## About quitting smoking or tobacco cessation

- *My husband quit smoking after being warned about the harm that second-hand smoke did to our children..*
- *People who smoke know it is bad for them, but they don't care. They don't even notice the warning labels on the cigarette packages.*
- *There should be "stop smoking campaigns" targeted to specific communities and limiting sponsorships for tobacco companies.*
- *We need support groups for deaf and hard of hearing individuals.*

## About tobacco use and mental health

- *There is a strong correlation between mental illness, particularly schizophrenia and cigarette use.*
- *We need more jobs for people with mental illness, so they will be occupied with meaningful activities and have less time to smoke.*

## About alternative forms of tobacco use

- *Tobacco use is very accepted in the Asian community, especially among males. Tobacco is also used in other forms besides cigarettes, like mixing tobacco with spices, and using 'hookahs' in private bars.*

## About tobacco use and youth

- *Tobacco use prevention and reduction should begin when people are young, in school and in the home.*
- *Parents need to be good role models and keep children busy with after school activities to avoid the peer pressure to smoke cigarettes.*
- *There should be stronger enforcement of laws against selling tobacco to underage minors.*

## Other suggestions:

- *Education for the entire family, not just the smoker.*
- *Produce a less harmful cigarette or cigar or make them taste bad.*
- *Increase the price of cigarettes.*
- *Use "scare tactics" like showing images of cancerous lungs on cigarette packages or use incentives to enroll in smoking cessation programs.*

The majority of the community engagement participants were aware of the smoking ban in restaurants in the City of Houston, but some mentioned that not all cities in Harris County have banned smoking in restaurants.

### Public Policy Recommendations for Tobacco Free Living

1. Support state level activities to increase the price of tobacco products through taxation, with the revenue dedicated for tobacco control.
2. Strengthen existing or adopt additional smoke and tobacco-free ordinances in Harris County municipalities by regulating second hand smoke (SHS) in all public parks, walking trails, and public transit stops.
3. Establish smoke-free policies for apartment complexes and condominium developments.
4. Restrict point-of-purchase advertising or product placement, along with promotions in certain locations.

### Tobacco Free Living through a Health Equity Lens

In May 2010, the World Health Organization released a report entitled, “Equity, Social Determinants and Public Health Programmes” to describe the complex and ravaging interrelationship between tobacco use and social determinants of health. The World Health Survey data and results from numerous other studies point to inequities in income, gender (higher for males), and socioeconomic status (single mothers, new immigrants, people who are long-term unemployed, mentally ill individuals, and members of ethnic minorities) as being linked to greater tobacco use. In analyses of global tobacco disparities, higher education levels and greater knowledge of the harmful effects of smoking have also been linked to decreased tobacco use.<sup>32</sup>

As stated previously, in Harris County, East Houston-Settegast, Near Northside-Fifth Ward, Edgebrook-Ellington, Pasadena-South Houston, Channelview-Cloverleaf, and Atascocita-Lake Houston are areas where smoking is highest. With the exceptions of Atascocita-Lake Houston and Edgebrook-Ellington, all of the areas, when compared to the Houston average percentage, experience several of the social determinants associated with higher tobacco use (Appendix B, Table 2).

Therefore, tobacco control efforts may need to be strengthened in those neighborhoods by addressing some of the underlying factors associated with increased tobacco use, such as unemployment, lack of health education and lack of resources to cope with mental illness. Effective strategies to address these factors may include job training, mental health counseling, greater educational resources that include health education about the negative effects of tobacco use.

For Atascocita-Lake Houston and Edgebrook-Ellington, further exploration with community members may be necessary to understand factors associated with elevated tobacco use in those neighborhoods other than social determinants as these neighborhoods do not experience the same degree of SDOH.

The City of Houston already has a smoke free ordinance and the Policy Scan contains a detailed list of municipalities in the area that do as well.<sup>33</sup>

Tobacco use is a major health issue in Harris County with some neighborhoods reporting as high as 30% of adults over 18 as current smokers, which is almost double the rate for all of Harris County. The majority of community members who responded to the online survey reported that they would support laws banning smoking in public places to curb tobacco use, as did a majority of the focus and nominal group participants.

Minority, low-income, low education and LGBT communities bear a disproportionate burden for tobacco use. Besides supporting laws banning smoking in public places, these communities also wanted current smoke free policies to be strengthened and more campaigns to prevent smoking and tobacco use. These should be more culturally and linguistically tailored campaigns to illustrate the negative aspects of tobacco use, not only the personal health effects, but the costs of smoking on the family's income and health. Asians expressed the social acceptability of smoking and tobacco use in their communities and this may imply that knowledge of the health risks associated with tobacco use do not outweigh the perceived benefits of cigarette smoking.

An interview with the Houston Apartment Association also pointed out that even though residents of multi-unit housing complexes may suffer a disproportionate burden from exposure to tobacco, to impose smoke free policies in individual residences must be done carefully so as not be regarded as being discriminatory. Some community members also felt that banning smoking in apartments would be too restrictive. Some communities also mentioned that they were unaware of free, low cost and accessible tobacco cessation programs.

Additional community engagement with residents of East Houston-Settegast, Near Northside-Fifth Ward, Edgebrook-Ellington, Pasadena-South Houston, Channelview-Cloverleaf, and Atascocita-Lake Houston may be warranted in order to provide more understanding into why there are so many smokers in those neighborhoods and what strategies each neighborhood would support to reduce the percentage of smokers.

## **STRATEGIC DIRECTION 2: ACTIVE LIVING AND HEALTHY EATING**

### **What the Data Show**

In Texas, the proportion of adults who are obese more than doubled from 12% to 30% from 1990 to 2009. During that time, the share of Texas adults at normal weight fell sharply, from 57% to just 33%, a drop of 42%.<sup>34</sup>

In 2010, 65% of the adult population in Harris County had a body mass index of 25 or greater and were considered overweight. African Americans and Hispanics had higher percentages of being overweight (73% and 73%) compared to Whites (62%). Older individuals had higher rates of overweight (73%) compared to those 18-29 years old (44%). Those with less education had a rate of 69% overweight, while those with a college degree or more had a rate of 60%. Of individuals making less than \$25,000 per year, 73% were overweight as compared to 64% of those making \$50,000 or more.<sup>2</sup>

Obesity has risen even faster in children than adults. According to the CDC, the rate of obesity among U.S. children aged six to 11 *tripled* from 1980 to 2008, from 7% to 20%. Among adolescents ages 12 to 19, obesity rates rose *even faster*, from 5% to 18%.<sup>35</sup> Excessive weight puts children at risk for type 2 diabetes, high blood pressure, gallbladder disease, depression, anxiety and lower self-esteem, while increasing their risk of chronic disease in adulthood.<sup>36</sup> The 2007 National Survey of Children's Health (NSCH) found that 20% Texas children ages 10 to 17 were obese, compared to 16% for all U.S. children.<sup>37</sup>

In *F as in Fat 2012: How Obesity Threatens America's Future*, it is reported that the 2007 National Survey of Children's Health (NSCH) found that 32% of children 10-17 in Texas were overweight or obese.<sup>38</sup> Over 15% of Texas high school students were obese and 16% were overweight<sup>39</sup> (Appendix C, Figure 1).

**According to HHS 2010 (Figure 4), the neighborhoods reporting the highest rates of adult (18 years and older) overweight and obesity were:**

East Houston-Settegast	76%
Champions-Willowbrook	74%
Northline-Eastex	74%
Spring-Humble-IAH Area	72%
Atascosita-Lake Houston	72%
Third Ward-MacGregor-Gulfgate	68%
Near Northside-Fifth Ward	67%

**It should be noted however, that the Houston average for this indicator was 63%, so virtually all areas of Houston had a high rate of overweight and obesity with the minimum percentage being 46%.**

## What the Community Said

### HEALTHY EATING

#### About what constitutes good nutrition

- *Healthy eating includes fish, lean meats, like chicken with no fat, vegetables, and low sodium food. In the Asian community, we do not have a problem with obtaining fresh fruits and vegetables and healthy foods.*
- *Healthy eating includes vegetables, fruit, salad, fish and drinking water, but not sodas.*

#### About the cost of healthy foods

- *Those of us on limited income have a difficult time affording healthy foods, like fruits and vegetables.*
- *Salads are \$5 while hamburgers and chicken nuggets are \$1 each.*

#### About cultural eating habits

- *We eat brown rice because we know it is good for us, but we continue to eat white rice because it is a “comfort” food.*

#### About access to healthy foods

- *Lack of transportation is a barrier to getting to the grocery stores..*
- *We are able to shop at large supermarkets like Fiesta, Kroger, Sellers Brothers, and H.E.B. or Asian supermarkets.*
- *We want more supermarkets in our neighborhood; we only have two.*
- *We need interpreters to help with communicating on medical terms and nutrition labels for the hard of hearing, deaf and visually impaired.*
- *Our neighborhoods are food deserts.*

## About the role of restaurants and fast food establishments

- *We want nutrition information on restaurant menus but it needs to be in a large print and in our own language for us to understand.*
- *Restaurants need to offer healthier choices and smaller portions, especially buffet restaurants.*
- *Many Asian dishes contain more meat and pasta or rice and few vegetables.*
- *There should be a limit on the number of fast food places in an area and people should limit the number of visits to fast food restaurants.*

## On solutions to improving access to healthy foods

- *Promote healthy foods through community gardens and food co-ops. Food from the gardens should be given to community members.*
- *Provide healthier items in vending machines in schools and workplaces.*
- *We want more farmers markets or street vendors selling fruits and vegetables, as long as the produce is safe, clean and affordable. However, sometimes, the cheaper the price the poorer the quality.*

## ACTIVE LIVING

### How they obtain 30 minutes of daily physical activity

- *We walk every day for 30 minutes as a form of regular exercise or we play tennis or dance.*
- *We enjoy zumba, yoga, folklorico, hip hop, music attracts people.*
- *Tai chi, swimming, weight training.*
- *Soccer, kayaking, canoeing, hiking.*

### About outdoor recreation in Houston

- *I don't want to exercise outside because our neighborhood is not safe for walking, especially at night.*
- *Our sidewalks and streets are in bad shape; in some places, we don't even have sidewalks.*
- *People drive so recklessly, I'm afraid to walk alongside the streets.*
- *It's too hot in Houston to exercise outside.*

## About accessibility to places for exercise

- *It's easy for me to exercise because there are gyms, fitness centers, jogging trails and tennis courts in my complex.*
- *Exercise facilities are too far from my home, they cost too much to join, and I don't have time to be physically active.*
- *I'm lucky because I have a car and can drive to my exercise classes or to places to walk for exercise.*

## On solutions to improving access to active living

- *Senior citizens don't have transportation to safe places for recreation. We should have more facilities close to our homes, in our apartment complexes or free exercise classes at community centers.*
- *We need transgender-friendly gyms and family based activities to increase physical activity.*

## Policy recommendations for Active Living and Healthy Eating

1. Municipalities should be encouraged to establish funding mechanisms to address access to affordable, culturally appropriate, healthy food through retail opportunities that are compatible with the community that take into account miles traveled and walkability. The funding mechanisms should be arranged to fit the needs of different localities (cities, small towns, rural areas); and offer several financial products (grants, loans, loan guarantees and tax credits) tailored to meet a diverse group of businesses financing needs
  - a. Municipalities should consider the use of Community Development Block grant (CDBG) funds granted to the City by the Department of Housing and Urban Development (HUD) and the State of Texas to address food access issues in low-income, underserved communities by providing financing for capital, real estate and related expenses, pre-development, site assembly and improvement, construction and rehabilitation, equipment installation and upgrades, staff training, security, and start-up inventory and working capital (see New Orleans Case study in Policy Scan). Funds will be used to either: open a self-service supermarket , grocery retail outlet primarily selling fresh produce, seafood, meat, dairy, and other groceries; renovate and substantially improve a store's ability to stock and sell a variety of fresh fruits and vegetables; or develop a real estate project that will lease space to a grocery retail tenant.
  - b. Municipalities may also establish a funding mechanism using Chapter 380 of the Texas Local Government Code where the local government is able to loan or grant public money in exchange for public infrastructure, drainage and/or utility improvements and job creation. The 380 Agreement is an economic development tool to incent food retailers by offsetting the high, initial

costs associated with site acquisition and infrastructure and/or offer assistance with facility rehabilitation to allow operators to expand existing stores. 380 Agreements offer a performance-based rebate to commercial and residential development projects on the city's portion of ad valorem taxes, sales and use taxes. The performance-based rebates are determined solely upon proven increases in taxes assessed and collected after the projects are operational and taxes can be accurately measured.

2. In establishing a funding mechanism and agreements municipalities should give special consideration to agreements that include any of the following:
  - a. Arrangements that use a variety of fresh food retailers (full service supermarkets, small grocery stores, farmers markets, food retail cooperatives and community supported agriculture (CSA) projects where local farmers are included as sources for produce, dairy, and fruit and vegetable products.
  - b. Rental agreements, shared space arrangements, and other mechanisms that protect small community based corner stores or smaller retailers when establishing subsidy programs to encourage large grocery store developers to build in a community.
3. Municipalities should be encouraged to adopt a policy of using Complete Streets design in all projects. The policies should express clear directives using direct language and cover construction and reconstruction projects and include maintenance, operations, or other projects. Where appropriate, when the streets are dug up, they should be replaced with wide sidewalks, ADA compliant intersections, and safe and clear bike lanes, as well as adequate, safe travel lanes for automobiles, transit, and freight operators.
4. Municipalities should adopt an equity method for allocating funds in the Capital Improvement Program (CIP) or any funds that pay for infrastructure projects including new or replacement sidewalks, streets, and bike and walking trails. (See Case Studies -Clark County).
5. Municipalities should implement the practice of executing Health Impact Assessment (HIAs) for select policies and large-scale development projects to evaluate the potential effects on: (1) the socioeconomic viability of vulnerable populations, and (2) the built environment including impacts to access to physical activity, availability of nutritious foods, and impacts to neighborhoods.
6. Municipalities should be encouraged to adopt Healthy Eating & Active Living resolutions that represent their community values, skills and resources, and political ideology. The resolutions may be prescriptive or aspirational.
  - a. An aspirational resolution provides descriptive goals and objectives along with guidance on what issues to consider to help guide those implementing the resolution. For example:

- i. Establishing an ongoing Task Force to identify concrete actions that could be taken to address healthy eating and active living including infrastructure and policy changes that support and improve access to fresh, affordable foods and safe places for physical activity, and report annually on progress toward reducing obesity in the City.
- b. The second option is a resolution that is more prescriptive enjoining specific actions that should be carried out. Possible elements include the following:
  - i. Directing the City Manager to identify any land acquisition, health permitting and transportation barriers to accessing supermarkets or farmers' markets and determine where there are opportunities to increase access to healthy food and report to the City Council with findings and recommendations.
  - ii. Coordinating a bi-annual equity review of building and design codes, bike and pedestrian walking plans, policies, regulations, and neighborhood planning codes for their impact on access to food and physical activity. The process should include a process that involves community members and stakeholders. In addition to city personnel (City managers, representatives from the public health department, and public works and planning departments), the process should be multi-sectored including experts from outside the government. A report shall be presented to city policymakers for review.
  - iii. Directing the City Manager to procure a Health Impact Assessment for any new large-scale development project to evaluate the potential effect of a development project on physical activity, availability of nutritious foods, and other potential impacts on population health.
  - iv. Directing the City Manager to review and revise all policies and practices that might erect unnecessary barriers to breastfeeding, community gardening, farmers' markets, or related activities, and reporting the findings and recommendations to the City Council.

## *Active Living and Healthy Eating Through a Health Equity Lens*

### ***Obesity***

In the 2008 book Obesity Epidemiology, Dr. Frank Hu reviewed the empirical evidence on associations between selected social determinants of health and obesity. Dr. Hu noted that although there is considerable evidence demonstrating that social factors have an impact on obesity, there is a great need for additional studies to reconcile areas with mixed evidence because social determinants do not influence obesity in a uniform manner. They are frequently modified by a range of variables, particularly socio-demographic characteristics.<sup>40</sup>

In *Social Determinants of Obesity in the Magnolia State* Bianca Pullen, a Fellow at the Joint Center for Political Studies' Health Policy Institute, identified race, education, income, food security, and built environment as factors influencing overweight and obesity.<sup>41</sup> In the 2010 Health of Houston Survey, indicators that are related to these social determinants are minority status, low education level (less than high school education) and being 25 years and older, low household income (less than 139% of Federal Poverty Level), fast food consumption and lack of fresh fruits and vegetables.

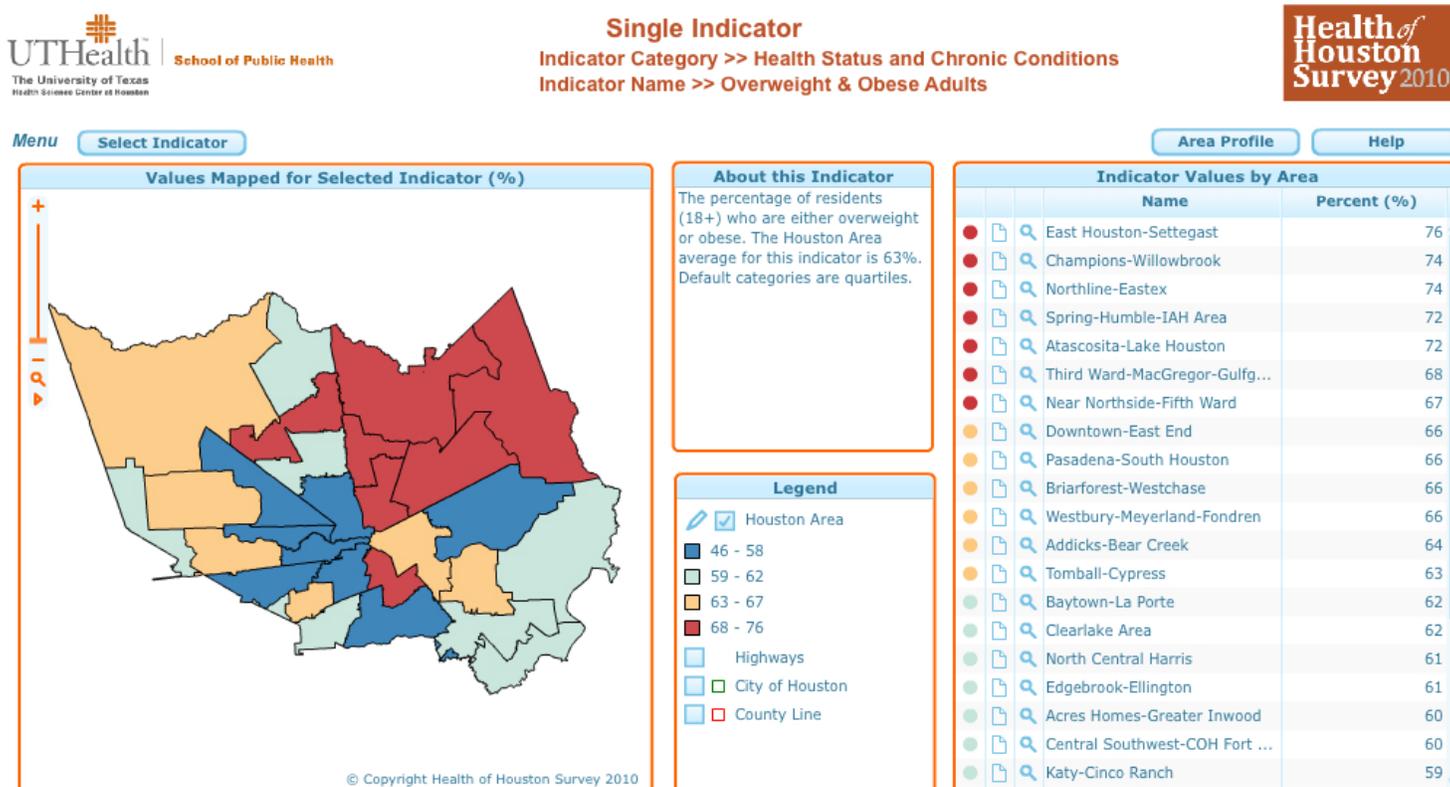


FIGURE 4. OVERWEIGHT AND OBESE ADULTS IN HARRIS COUNTY (HHS 2010)

In Harris County, as shown in Figure 4 above, East Houston-Settegast, Champions-Willowbrook, Northline-Eastex, Spring-Humble-IAH, Atascocita-Lake Houston, Third Ward-MacGregor-Gulfgate, and Near Northside-Fifth Ward are areas with the highest percentages of overweight and obese adults. East Houston-Settegast, Northline-Eastex, Third Ward-MacGregor-Gulfgate and Near Northside-Fifth Ward have higher percentages of residents affected by the social determinants of health associated with overweight and obesity such as minority status, lower educational attainment, lower income, greater fast-food consumption, and less accessibility to fresh produce, when compared to the overall average for Houston. As Hu points out though, the Champions-Willowbrook and Atascocita-Lake Houston areas, although exhibiting high rates of overweight and obese adults, do not have the same demographic or social profile (Appendix C, Table 1).

In regards to childhood obesity, the HHS 2010 data only reported on children 12-17 years old. The sample size of children was too small in some areas to provide sufficient data. However, the neighborhoods with higher rates of childhood obesity were Pasadena-South Houston (65%), Near Northside-Fifth Ward (57%), and Downtown-East End

(55%). The Houston area average was 34%, indicating that approximately 1/3 of children in this age range was at an unhealthy weight.

## Physical Activity

The CDC Guidelines for Physical Activity for Adults recommend a minimum of 150 minutes of moderate aerobic activity every week for good health.<sup>42</sup> In Houston/Harris County, the neighborhoods with adults reporting less than the recommended aerobic activity were Downtown-East End (68%), Central Southwest-COH Fort Bend (65%), Channelview-Cloverleaf (64%), Spring Branch-Carverdale (62%), Spring-Humble-IAH Area (61%), Atascosita-Lake Houston (58%) and Sunnyside-Greater Hobby (56%), as described in Figure 5 below. It should be noted that the Houston average for this indicator was 53% implying that a large percentage of adults fail to meet the recommended level of aerobic activity. Two of those neighborhoods: Atascosita-Lake Houston and Spring-Humble-IAH Area (83%) were also ranked high in the number of children failing to get seven hours of physical activity each week.

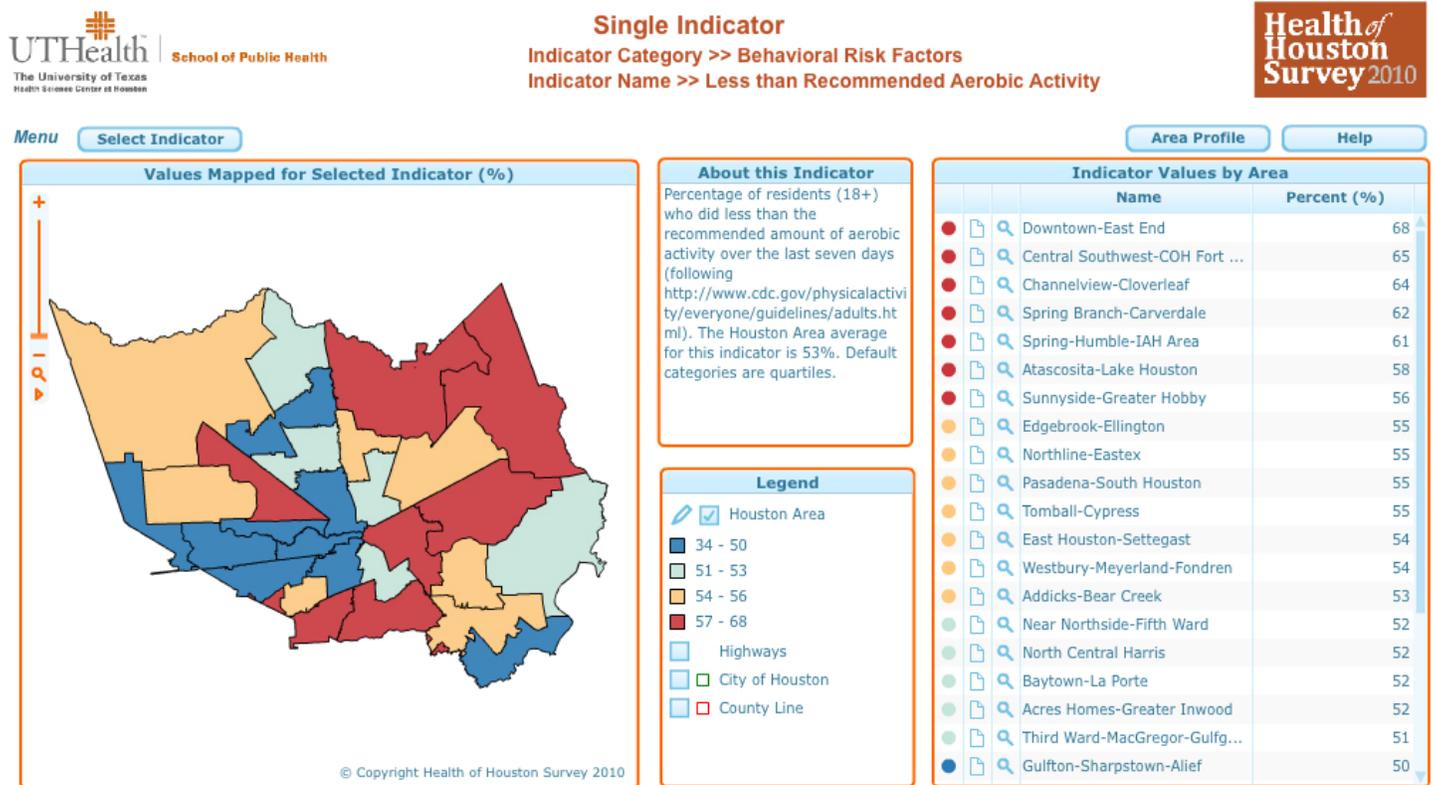


FIGURE 5. PHYSICAL ACTIVITY AMONG ADULTS IN HC (HHS 2010)

A major factor in promoting physical activity is the availability of green space in a community.<sup>43</sup> Harris County has approximately 6 acres of parks/open space per 1,000 residents. In the 2008-2010 Children At Risk publication, *Growing Up in Houston*, the Harris County Parks Department reported that park acreage in Harris County has been

steadily increasing, from 21,593 acres in 1998 to 24,664 acres in 2007. In 2007, 55% of this acreage was within Houston city limits.<sup>44</sup>

**Regular physical activity is essential to reducing and preventing obesity.** The Houston Chronicle on June 23, 2012 announced the launch of a federally funded project to link Houston’s fragmented patchwork of bike paths into a network to encourage residents to bike and walk.<sup>45</sup> The Health of Houston 2010 survey collected data on several indicators that may impact whether a person participates in outdoor exercise or physical activity: violence or crime in their neighborhood (or how safe they perceive their neighborhood to be), fumes from traffic or industry and the presence of stray animals. In an article for the *American Journal of Health Promotion* King et al reported that perceptions of one’s environment influence physical activity and cited traffic safety and stray animals as deterrents to participation.<sup>46</sup> (Appendix C, Table 2)

### Fruits and Vegetables Availability

In Figure 6, the neighborhoods reporting the poorest availability of fruits and vegetables during the Community Engagement were:

East Houston-Settegast	28%
Central Southwest-COH Fort Bend	26%
Near Northside-Fifth Ward	22%
Sunnyside-Greater Hobby	22%
Champions-Willowbrook	21%

The Houston average was 16%.

The CDC has defined “food deserts” as areas characterized by poor access to healthy and affordable food. Food deserts may contribute to diet and diet-related disparities in health outcomes such as cardiovascular disease and obesity.<sup>47</sup>

In December, 2010, the Food Trust published a report called, *Food for Every Child: The need for more supermarkets in Houston*. They noted that access to nutritious food is not evenly distributed in Houston. Many people have to travel excessive distances to buy food at a supermarket because supermarkets are thought to have a larger variety of produce at more affordable prices.<sup>48</sup> Some of the areas identified in their report matched those same areas lacking in fruits and vegetables as identified by the HHS 2010.

Additionally, the USDA has created an interactive mapping online application to identify “food deserts.” Data for Harris County were not available, but “food deserts” for Houston are denoted in pink areas in Figure 7, on the next page.

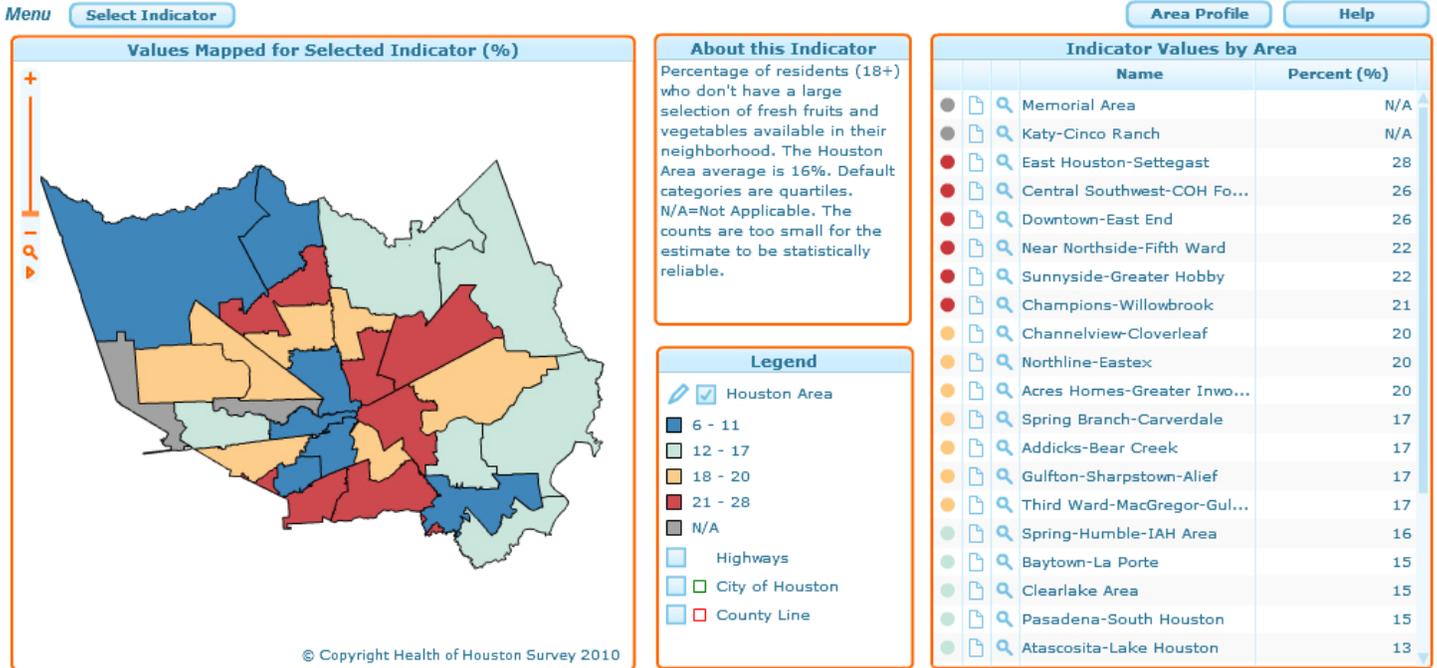


FIGURE 6. NO FRUITS AND VEGETABLES IN HC (HHS 2010)

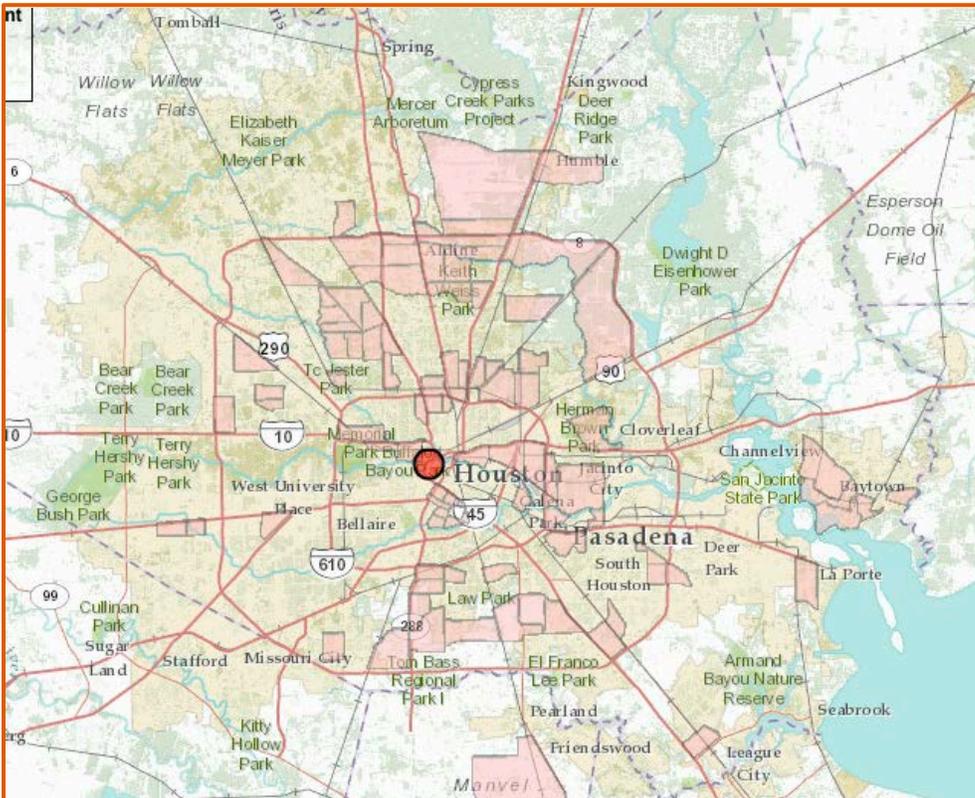


FIGURE 7. USDA FOOD DESERT MAP FOR HOUSTON AREA

One can see that there are several food deserts – defined broadly as areas lacking access to healthier food options (for example grocery stores) - which are widely dispersed in Houston.

A large percentage of adults (>59% in all neighborhoods) and children (approximately 34%) in Harris County are overweight or obese. Community members identified a number of barriers to healthy eating and active living including the high cost of nutritious food and lack of access to safe places to play.

Harris County is a very large geographic area with diverse communities and varying infrastructure and environmental barriers that make it challenging to be active and access healthy foods. Community feedback suggests the following interventions could make their communities healthier including a variety of potential policy oriented solutions.

Some residents in neighborhoods with the greatest rates of obesity chose the following options from the survey, “increase amount of healthy, low-priced choices in schools and workplaces” and “increase amount of fruits, vegetables, whole grains and beans we eat” as possible ways for helping their communities to eat better. **There was substantial support for promoting the purchase of fruits, vegetables, and other healthy foods through incentives associated with food assistance programs.**

Respondents expressed an interest in obtaining land and permits for community gardening and providing rewards for food vendors to sell fruits and vegetables in their communities. Residents felt that creating gardens at area community centers where everyone helps to plant and harvest would help ensure a better local supply of produce and also strengthen the overall community. Participants also suggested that local schools could be possible sites for gardening and suggested that school foodservices could incorporate the produce into student meals. Some residents suggested providing free produce from the community garden to needier residents.

In regards to recommendations for improving physical activity, almost all the areas that reported low physical activity in the HHS 2010 report, also supported improving street designs to be “walker and biker friendly”, during the community engagement process. **However, areas with high percentages of Hispanic and African American residents favored improving the safety of parks and walking trails and ensuring that children can walk and ride bikes safely to school.** This may confirm their concerns about traffic and crime in their areas being barriers to outdoor physical activity.

Some participants also urged more community funded or affordable dance classes, fun runs, and other physical leisure time activities as well as updating and increasing the number of basketball courts. The underlying theme of the suggestions seems to be that community-wide recreation involving sports, games, and other aspects of physical enjoyment could motivate residents to participate in more beneficial outdoor activities.

There is a strong association between changes to the built environment and the degree to which people engage in physical activity. For example, people are more likely to use pedestrian walkways when sidewalks are well maintained and safe. **The point is that a physical environment built to encourage physical activity, will result in greater physical activity.**<sup>41, 46</sup>

Special attention needs to be given to cultural perspectives on appropriate body size, food choices, food shopping preferences, and the community’s preferred methods for improving access to healthy foods. Furthermore, these communities should be included in efforts to improve walkability and the safety of streets so that residents will be encouraged to be more physically active ([www.parksbyyou.org](http://www.parksbyyou.org)).

## **STRATEGIC DIRECTION 3: QUALITY PREVENTIVE CLINICAL SERVICES FOR HIGH BLOOD PRESSURE & HIGH CHOLESTEROL**

### *What the Data Show*

#### **Cardiovascular Disease in Harris County**

In Harris County, 6% of adults have had cardiovascular disease (diagnosed by a doctor of either having a heart attack, myocardial infarction, angina, coronary heart disease, or stroke) as opposed to 4% for Texas and 4% for the United States respectively. 28% of adults in Harris County had high blood pressure and 44% reported having high blood cholesterol. Cardiovascular disease was higher among males (8%) than females (5%) and higher among African Americans (12%) as compared to Whites (6%) and Hispanics (3%). Heart disease rates increased with age, but were higher for individuals with some college (10%) as compared to those with no high school diploma (6%) and high school graduates (8%). However, it was lowest among those with at least a college degree (4%). Almost 10% of individuals making less than \$25,000 per year had cardiovascular disease as compared to only 3% of those making \$50,000 or more.<sup>28</sup>

#### **High Blood Pressure in Harris County**

The areas with the highest percentage of residents diagnosed with high blood pressure were:

East Houston-Settegast	59%
Spring-Humble-IAH area	40%
Memorial Area	39%
Sunnyside-Greater Hobby	39%
Briarforest-Westchase	36%
Baytown-LaPorte	35%
Near Northside-Fifth Ward	35%

The average for this indicator in Houston was 30% (Appendix D, Figure 1).

High blood pressure and high cholesterol are major health issues for Houston/Harris County, especially among underserved communities. The insufficiency of affordable and convenient primary health care facilities contributes to the lack of availability of screening, diagnosis and management of these chronic conditions.

Participants in the Community Engagement activities from the neighborhood with the highest rates of cardiovascular disease most often chose “provide rewards to employers for worksite wellness programs” and “offer outreach programs to increase use of services to stay healthy” as the best ways to help their community lower blood pressure and cholesterol. For those who are employed, support for worksite wellness programs may be one of the most efficient ways to manage these two chronic conditions. Worksites with foodservice facilities may also provide opportunities to encourage low fat, low sodium choices to help manage these diseases.

However, for those who are unemployed or work for small employers without these resources, community programs such as what the City of Houston is offering through their chronic disease self-management programs, may be more appropriate and should be expanded. Community-based and faith-based organizations may need to be enlisted to provide screening and health education services to help residents with language and transportation barriers in accessing these programs and services.

Special attention should be given to the Memorial Area, Westbury-Meyerland-Fondren, Near Northside-Fifth Ward, Greater Heights-Washington, Edgebrook-Ellington and East Houston-Settegast since these communities had the highest rates of cardiovascular disease. Targeted campaigns to screen for high blood pressure and high cholesterol should be conducted and individuals with these conditions should be ensured affordable access to quality health care services to manage their conditions. This may involve the expansion of existing primary health care facilities to these neighborhoods.

## What the Community Said

### About controlling high blood pressure & high cholesterol

- *Control can be summarized in 3 words: medicine, diet, and exercise.*
- *People should know what their “numbers” are, that is, they should know what their blood pressure, blood cholesterol and blood sugar levels are, that’s the first step in controlling these conditions.*
- *We prefer physical activity as a way of lowering blood pressure because medications have serious side effects.*

### About the role of health care providers

- *Doctors need to talk to ALL of their patients about nutrition and exercise, not just those who are overweight.*
- *My doctor told me to avoid salt and prescribed a diuretic for 30 days to control my high blood pressure, but he gave me no refills and did not counsel me on exercise or what to do when I ran out of medicine.*

- *My mother's doctor told her she had high cholesterol and that she should be more active, but he did not tell us how to change our eating habits and he didn't give her any medication.*

### About health education for these conditions

- *We need more classes at community centers and information in various languages at schools, grocery stores, health centers, and restaurants.*
- *I don't know how often I should see my doctor or when my condition is serious enough to see a doctor.*

### Barriers to improving control of high blood pressure & high cholesterol

- *I can't go to the doctor because I have to take off from work; that's why I only go when I'm really sick.*
- *Why do residents of Pearland, Missouri City and Sugar Land have more health care clinics like Kelsey-Seybold and St. Luke's than our neighborhood?*
- *Our senior citizens do not speak English well; we prefer to go to Korean doctors who speak our language. If we use the Gold Card (Harris Health System), the doctors are not able to communicate with us.*
- *There is a long waiting period for the Gold Card system.*
- *We would like to buy health insurance, but we do not qualify-Senior citizens.*

### Suggestions for improving control of high blood pressure & high cholesterol

- *We want more blood pressure machines at public places.*
- *Clinics and doctors' offices are not open at convenient times. They need to expand their hours and not charge us more for seeing us after hours.*
- *Employers should provide incentives for practicing good health habits and controlling our blood pressure and cholesterol.*
- *We need low cost insurance or employer provided health insurance-several focus group participants.*
- *Lower cost medications would encourage people to take their medicines like they are supposed to, instead of "stretching" them out because they cannot afford them.*

## Public Policy Recommendations for Quality Preventive Services for High Blood Pressure & High Cholesterol

1. Encourage city and county governments to select a health insurance plan/provider that uses value-based benefit design strategies that focus on improving health through chronic disease prevention and control, i.e., appropriate use of high value services, including certain prescription drugs and preventive services; adoption of healthy lifestyles, such as smoking cessation or increased physical activity; use of high performance providers who adhere to evidence-based treatment guidelines; and enrollee incentives that include rewards, reduced premium share, adjustments to deductible and co-pay levels, and contributions to fund-based plans, such as a Health Savings Accounts.
2. Encourage local Community Health Worker training programs to create and submit for approval to the Department of State Health Services (DSHS) Promoter or Community Health Worker Training and Certification Program additions to their curricula based on nationally developed training materials on chronic disease prevention and control, with a particular focus on diabetes and heart disease.
3. Encourage city and county governments to adopt resolutions supporting the recommendations from the study mandated under HB2610 to maximize employment of and access to promoters and community health workers and to provide publicly and privately funded health care services using identified methods of funding and reimbursement.
4. Encourage city and county governments and local school districts to undertake a review of food procurement contracts and systems for their adherence to the 2010 Dietary Guidelines for Americans, and the recommendation to reduce daily sodium intake to less than 2300 mg.

## Social Determinants of Health and Cardiovascular Disease, Increasing Control of High Blood Pressure, & High Cholesterol through the Health Equity Lens

Dr. Thierry Lang and her team suggested in *Social Determinants of Cardiovascular Diseases*, that the key factors in assessing social determinants of cardiovascular disease were working conditions or access to a job, social relationships and isolation, geographic environment and ethnicity.<sup>49</sup>

The HHS 2010 data, in Figure 8 below, indicated that the following areas reported the highest percentage of residents with diagnosed cardiovascular disease (had a heart attack, angina or stroke) as compared to the Houston area average of 7%:

Memorial Area	18%
Westbury-Meyerland-Fondren	14%
Near Northside-Fifth Ward	11%
Greater Heights-Washington	11%
Edgebrook-Ellington	11%
East Houston-Settegast	10%

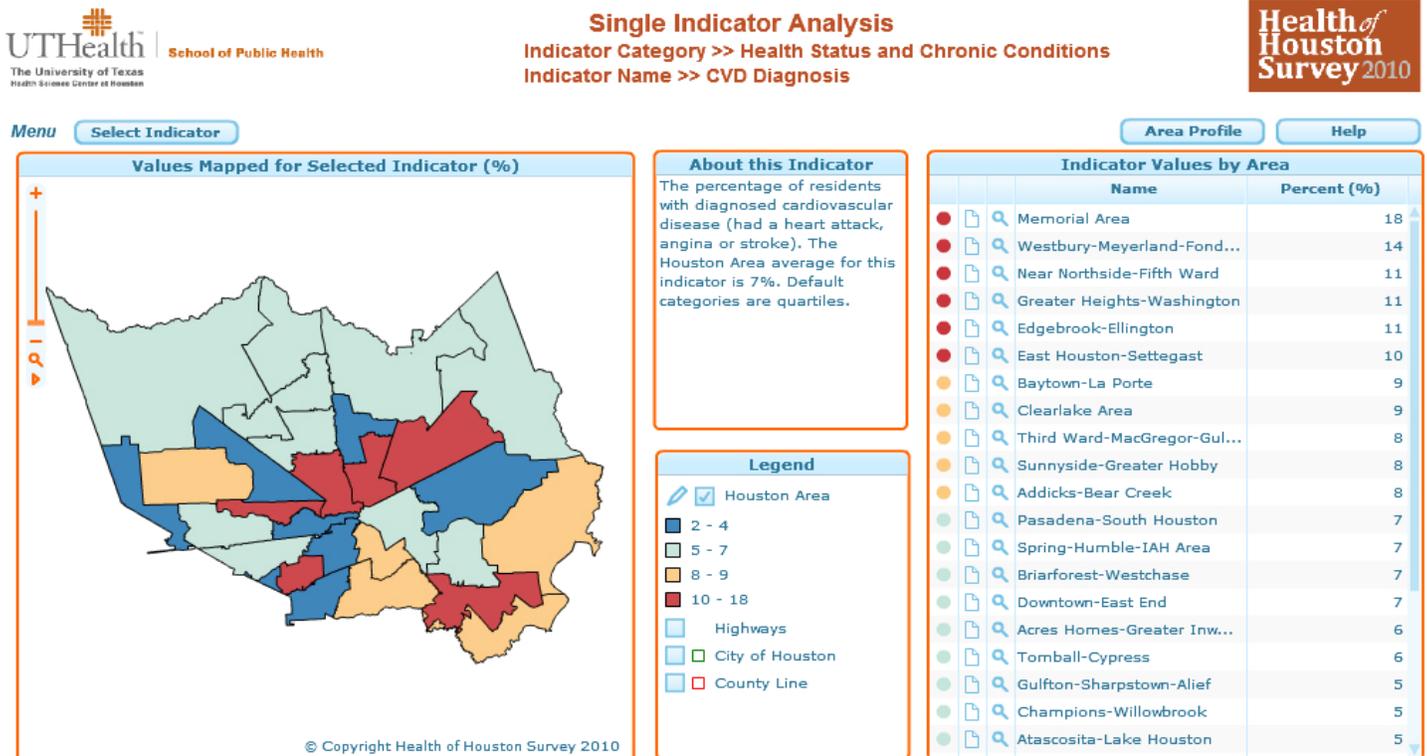


FIGURE 8. CVD DIAGNOSIS HHS 2010

Indicators related to the social determinants identified by Lang are the percentages of the neighborhoods that are minority, not homeowners, unemployment, and under serious psychological distress. **Because the goal of this strategic direction is to increase control of high blood pressure and high cholesterol and to increase access to and demand for high impact quality preventive services, this comparison also considers barriers to accessing health care.**

Of the neighborhoods with high rates of cardiovascular disease, East End-Settegast has higher rates of all of the relevant factors as identified by HHS 2010 than the other neighborhoods and the Houston average. It is interesting to note that the Memorial area has the highest reported rate of cardiovascular disease, yet is predominantly White

(78%) and has a very favorable socioeconomic profile, with the lowest percentage of unemployed residents (2%) of the 28 neighborhoods in Harris County (Appendix D, Table 1).

Other factors than those examined in this comparison may be influencing cardiovascular disease risk. Here the normal indicators for the impact of the social determinants of health are reversed. The Memorial area may very well be experiencing the health consequences for a community of high-stress, career oriented, and possibly older individuals.

### *Barriers to Health Care Access*

In order to increase control of high blood pressure and high cholesterol, access to and demand for high impact quality preventive services must increase as well. However, many people in Houston/Harris County lack access to primary health care services (Appendix D, Figures 2 and 3).

Additionally, the data for Houston/Harris County shows high rates of mortality due to heart disease and stroke. These rates are disproportionately higher in areas where lack of access to primary care was a problem (Appendix D, Figures 4 and 5).

According to the HHS 2010, areas with the greatest need in terms of access to care for adults were places such as Northline-Eastex where 35% of adults had no access to a regular doctor, and trouble seeing a specialist or getting a prescription filled. Areas with the same access issues are, Champions-Willowbrook (33%), Gulfton-Sharpstown-Alief (32%), Downtown-East End (32%), Sunnyside-Greater Hobby (29%), and Baytown-LaPorte (29%).

Mapping the existing locations for safety net clinics shows a comparable area of need. According to St. Luke's Episcopal Health Charities and Gateway to Care, there are a number of safety net clinics within Harris County.<sup>50</sup>

**The East End of Harris County has the greatest need for health care access and has also been identified as an optimal location for a Federally Qualified Health Center or community health centers in the Sustainable Safety Net Clinics project by the Harris County Healthcare Alliance in partnership with the UT School of Public Health.<sup>51</sup>**

Researchers associated with the project evaluated the current health access needs of Harris County, based on several variables, including demand, population growth, income, emergency room utilization, number of births, and percent uninsured. This area roughly corresponds to the East End-Settegast used in the HHS 2010. (Appendix D, Figures 6 and 7).

## **STRATEGIC DIRECTION 4: SOCIAL & EMOTIONAL WELLNESS FOR YOUTH & ADOLESCENTS**

### **What the Data Show**

Healthy communities require healthy minds. Physical health is closely linked with mental health. Mental health refers to positive emotional and psychological well-being. The Mental Health and Mental Retardation Authority of Harris County (MHMRA) offers the following Harris County estimates:

- Over 200,000 adults suffer with a severe mental illness; almost half of these adults could not access treatment from public or private health systems.
- Almost 20,000 Harris County youth need services from the public mental health system each year, but the majority (76%) has not received treatment services.
- The public mental health system in Harris County (MHMRA and Harris County Psychiatric Center) was able to provide services to about 29,000 persons (about 4,600 youth and 24,800 adults) during fiscal year 2010.
- MHMRA estimates that about 610,000 adult residents and 132,000 youth in Harris County experience a mental health condition or emotional disturbance each year. Of children (aged nine and older) with an emotional disturbance, 33,000 suffer a severe mental illness.<sup>52</sup>

HHS 2010 data, described in Figure 9, does not include specific information regarding social and emotional wellness for children and adolescents. However, the areas with high percentages of residents (18+) with symptoms of serious psychological distress were:

East Houston-Settegast	20%
Channelview-Cloverleaf	14%
Champions-Willowbrook	12%
Gulfton-Sharpstown-Alief	12%
Northline-Eastex	11%
Near Northside-Fifth Ward	11%

The Houston area average was 7%. Several areas had counts too small for the estimates to be statistically reliable.

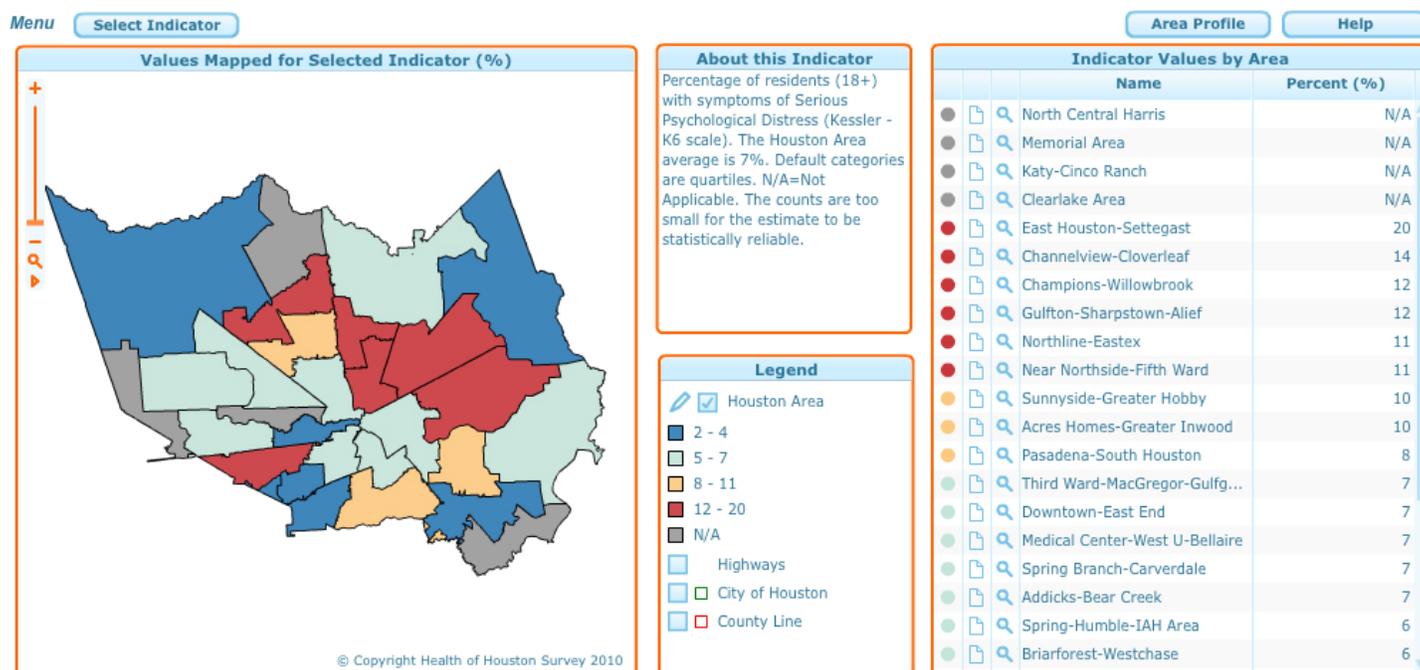


FIGURE 9. SERIOUS PSYCHOLOGICAL DISTRESS HHS 2010

In Harris County, 22.5% of adults reported having 5 or more days of poor mental health.<sup>52</sup>

The rate was higher among females (23%) than males (22%). African Americans reported poor mental health more frequently (32%) than Hispanics (25%) and Whites (20%). Almost 33% of individuals 18-29 years reported poor mental health as compared to 10% of persons 65+ years. More than 40% of individuals with no high school diploma had poor mental health as compared to those with more education. Persons making less than \$25,000 had a rate of 35% reporting poor mental health.<sup>52</sup>

Among Harris County youth in grades 9-12, 30% reported feeling sad or hopeless almost every day for two weeks in a row or more, 14% seriously considered suicide, 14% made a plan to attempt suicide, 10% attempted suicide one or more times and 3% attempted suicide resulting in an injury, poisoning or overdose. All responses were based on their experiences in the previous 12 months.<sup>29</sup>

In regards to violence and intimidation on school property, 7% reported not attending school because they felt unsafe at school or en route to and from school on at least one day, 7% were threatened or injured with a weapon, 12% fought at school one or more times, 13% were bullied and 13% reported being bullied electronically.<sup>29</sup>

## What the Community Said

### Causes of mental stress among youth

- *Isolation, depression, lack of excitement.*
- *Bullying is a major source of mental stress for youth.*
- *The majority of US schools are better at controlling and discouraging bullying because there is more racial diversity in the US and they are more objective and less negative towards other cultures.*
- *Substance abuse and lack of parental presence.*
- *Peer pressure, drugs and alcohol.*
- *Lack of adequate care for youth with behavioral problems leads to the 'school to prison pipeline'.*

### Mental health services

- *We don't know where to go for counseling or mental health services.*
- *We don't want to go for mental health services because people will think we are crazy.*
- *People with low income jobs cannot afford to take time off from work to sit and wait for hours for an appointment.*
- *The Gold Card system needs to be overhauled; if you are undocumented, you cannot receive services.*
- *Medical students should be systematically educated about the LGBT community and their issues.*

### Family and intergenerational conflict

- *Parents should help the youth, support them for who they want to be, not what we want them to be.*
- *Young people have issues with parents because they think they are old and don't understand them.*
- *Good family relationships are key to a young person's mood and mental health.*
- *Having more family time, such as having dinner together, would help the emotional wellness of youth.*

- *Our children are becoming too “Americanized” and are not listening to their parents. They need a set of rules to follow when they are young to shape them into what they will be.*

## School and youth programs

- *There are not enough youth programs available for elementary and middle school children, so these kids ‘fall through the cracks’.*
- *Youth are not participating in extracurricular activities or organizations. Community center participation decreases the risk for bad behaviors.*
- *There are few youth development programs in our area and when their grant funding runs out, the programs end.*
- *Teachers need to pay more attention to immigrant students to help them feel more comfortable.*
- *Schools have one counselor per 1000 students; there needs to be more counselors. Psychologists can help parents connect with kids when the parents are too strict.*
- *Most children don’t have afterschool activities or go to places they can do other interesting activities. Many children are playing computer or watching TV after school.*
- *Some afterschool programs, like in Spring Branch ISD, charge for participation and the program is often too short, some keep the children for only about an hour.*
- *The Korean Community Center program has afterschool programs but enrollment is low during the school year and running the program is expensive, thus some governmental support is needed for continuous operation.*

## Community Recommendations

- Summer job programs for youth.
- Youth programming should begin in elementary school and should include parental classes and violence prevention programs.
- Classes should be held at convenient locations, be interesting, affordable and broad, addressing the positives, not just the negatives.
- Mental health program should include linguistic services.

- The media should show more positive stories about youth.
- Use social media to promote good behavior and demonstrate long term consequences for delinquent behavior.
- Faith based organizations and churches may be good vehicles for mental health services as many people seek them when they need help with coping with life's stresses.

### Public Policy Recommendations for Social and Emotional Wellness: Youth & Adolescents

1. Municipalities should support and encourage legislative efforts to sustain school districts efforts to provide a comprehensive and coordinated approach to address the positive development and social and emotional needs of students by using a continuum of evidence-based practices aimed at promoting student success. Local and national advocates and researchers recommend School-wide Positive Behavioral Interventions and Supports (SW-PBIS), a proactive discipline approach which uses a three tiered framework for schools to provide universal, targeted, and indicated interventions.
2. Municipalities should support and encourage legislative efforts that address the need to increase the capacity of school personnel to appropriately recognize, respond to, and make community based referrals for students with suspected mental health concerns through training and professional development.
3. To better address social and emotional wellness of students municipalities should support a resolution that facilitates, develops, or strengthens partnerships with available community resources including the following options:
  - a. Supporting Local School Health Advisory Councils (SHACs) – SHACs are appointed by the school district to provide the district advice on coordinated school health programming and its impact on student health and learning. SHACs provide a structure for creating and implementing age-appropriate, sequential health education programs, and early intervention and prevention strategies.
  - b. Supporting the Region 4 Education Resource Center (ESC) School wide PBIS project. ESC specialists assist schools in implementing a school-wide "Positive Behavioral Interventions and Supports" (PBIS) approach that supports the success of all students.
  - c. Supporting Harris County Systems of Hope - Systems of Hope meet the needs of Harris County children and youth with serious mental health needs and their families by creating a collaborative

network of community-based services and supports using an approach to services that recognizes the importance of family, school and community.

- d. Supporting the Texans Care for children SW-PBIS Implementation Plan.

### *Social and Emotional Wellness for Youth & Adolescents through a Health Equity Lens*

Several Harris County areas reported high percentages of “serious psychological distress” on the Health of Houston 2010 survey. In a presentation titled *Social Determinants of Mental Health and Wellbeing*, Marmot (2008) identified the following risk factors for depression: low socioeconomic position, low education, unemployment or under employment, food insecurity and early nutrition deficiency, gender inequity and low income.<sup>53</sup> Health of Houston 2010 indicators relevant to these social determinants were listed to compare with the percentage of residents who reported these conditions (Appendix E, Table 1).

These factors may be contributing to poorer mental health status in the Gulfton-Sharpstown-Alief, Near Northside-Fifth Ward, and Northline-Eastex areas among adults. It is likely that these are also influencing social and emotional wellness among youth in those neighborhoods as well.

**The stresses of living in a large urban area like Houston/Harris County impose a great toll on the mental health of its residents.** This is especially evident in East Houston-Settegast, Channelview-Cloverleaf, Champions-Willowbrook, Gulfton-Sharpstown-Alief, Northline-Eastex, and Near Northside-Fifth Ward. Economic challenges, race relations, cross cultural and intergenerational differences appear to be contributing to this problem in those neighborhoods. This problem not only faces adults, but children and youth. **There are an insufficient number of mental health facilities and mental health professionals to handle the area’s need for counseling and treatment.**

The neighborhoods indicating the highest percentages of serious psychological distress had the greatest support for after school programs and providing social and emotional wellness programs in schools to ensure the social and emotional wellness for area youth. This fits in well with the policy recommendations from the policy scan. They also wanted to have school districts and non-profit organizations work on ways to prevent bullying among youth.

There was some support for improving access to mental health workers. **However, many minority groups continue to stigmatize the utilization of mental health services.** Schools, faith-based organizations and other community groups may need to supplement what is currently being offered by local agencies to provide programming that addresses social and emotional well-being in a more holistic manner that does not overtly label itself as mental health service. One high-risk neighborhood also chose “promote use of skillful parenting methods” as another way to help with mental health concerns. More community engagement may be needed in the high-risk neighborhoods to explore other strategies that they think will improve the social and emotional wellbeing of their youth.

## CONNECTING THE DOTS

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The case is clear from the data provided through the HHS 2010 and other substantiating research that there are health disparities throughout the four strategic directions that the CDC has declared critical to the health and wellness of a community: Tobacco Use; Active Living and Healthy Eating; Quality Preventative Services for High Blood Pressure and High Cholesterol. Research shows that health disparities are influenced by Social Determinants of Health (SDOH) but sometimes these SDOH's are not always the only reason for these disparities to exist. This was seen in some of the 28 HHS 2010 Neighborhoods in Table 3. Atascocita-Lake Houston and Edgebrook-Ellington, for example, is at high risk for Tobacco Use but do not show a high percentage in the factors that measure certain SDOH's for tobacco use. There are other factors causing that health disparity to exist that are not related to SDOH's. As diverse as Houston/Harris County is, one can only guess at what they might be. Only further exploration and targeted community engagement can shed some light.

The Community Transformation Initiative is designed to address system changes that will transform behaviors and the built environment to facilitate and result in better health outcomes. System changes often require passing policies and legislation. Creating change in this manner also ensures a more equitable approach in which all residents in an area can benefit. The Policy Scan offers many recommendations in the four strategic directions. All are important but, as a way to prioritize the Policy Scan recommendations that have the most community support, direct comments excerpted from the focus and nominal groups and a summary of responses from the hard-copy and on-line surveys provide a snapshot of how the community views some of these recommendations. The recommendations on the survey that measured 25% or more responses from that neighborhood were considered a significant level of support. The Policy Scan recommendations that received a vast majority of that level of responses are noted below and should be targeted for implementation first. In some cases the survey items do not match up word for word with the policy scan recommendation but they are similar in general direction or intention.

### **TOBACCO USE:**

“Workplace and politics make it inconvenient to smoke so I gave it up.”

-Vietnamese Focus Group

**Strengthen existing or adopt additional smoke and tobacco-free ordinances in Harris County municipalities by regulating second hand smoke (SHS) in all public parks, walking trails, and public transit stops.**

In 27 of the 28 neighborhoods represented in the on-line survey, over 25% of the respondents indicated they wanted “Laws banning smoking in public places.” Percentages ranged from a high of 65% to 27%.

## **ACTIVE LIVING AND HEALTHY EATING:**

Municipalities should be encouraged to adopt a policy of using Complete Streets design in all projects. The policies should express clear directives using direct language and cover construction and reconstruction projects and include maintenance, operations, or other projects. Where appropriate, when the streets are dug up, they should be replaced with wide sidewalks, ADA compliant intersections, and safe and clear bike lanes, as well as adequate, safe travel lanes for automobiles, transit, and freight operators.

Respondents in all 28 neighborhoods represented in the on-line survey indicated in percentages ranging from a high of 69% to a low of 34% that we should “Improve street designs to be walker and biker friendly.”

“Neighborhood is not safe for walking, especially at night, perhaps we need school tracks or parks.”

-Ripley House Community Center, Downtown/East End, Spanish-Speaking Latino Adults

Municipalities should adopt an equity method for allocating funds in the Capital Improvement Program (CIP) or any funds that pay for infrastructure projects including new or replacement sidewalks, streets, and bike and walking trails.

“One participant said he wants something new to encourage people to go outside because Houston doesn’t have that many programs for people to enjoy outdoors any activities.”

- Vietnamese Focus Group

The survey question, “Add hike and bike trails” also received over 25% positive responses from all 28 neighborhoods from a high of 50% to a low of 26%.

A second question that deals with “Improve the safety of parks and walking trails” also received over 25% positive responses from 25 of 28 neighborhoods ranging from 60% to 24%.

Establishing an ongoing Task Force to identify concrete actions that could be taken to address healthy eating and active living including infrastructure and policy changes that support and improve access to fresh, affordable foods and safe places for physical activity, and report annually on progress toward reducing obesity in the City.

Again, this recommendation is very specific in how to proceed in this direction but the essence of the recommendation is to support and improve access to fresh, affordable foods and safe places for physical activity. Community responses from the surveys show a significant number of neighborhoods support this direction:

“We need to increase the number of fitness and dance classes, zumba, folklore, and hip-hop classes in the community – that would increase physical activity.”

-Southwest Multi-Service Center, Gulfton/Sharpstown, Latino Adults

All 28 neighborhoods indicated support for the recommendation, “Ensure that children can walk and ride bikes safely to school.”

Twenty-five (25) of the 28 neighborhoods indicated support to “Provide low cost gyms” with a high of 70% to a low of 22%.

“Garden at the community center – then everyone helps plant and grows, and then everyone gets to eat.”

-Southwest Multi-Service Center, Gulton/Sharpstown, Latina Adult

Directing City staff to identify any land acquisition, health permitting and transportation barriers to accessing supermarkets or farmers’ markets and determine where there are opportunities to increase access to healthy food and report to the City Council with findings and recommendations.

Over 25% of respondent in all 28 neighborhoods agreed with the statement “Increase amount of fruits, vegetables, whole grains and beans we eat” with a high of 58% to a low of 27%.

## QUALITY PREVENTATIVE SERVICES FOR HIGH BLOOD PRESSURE & HIGH CHOLESTEROL

Encourage city and county governments to select a health insurance plan/provider that uses value-based benefit design strategies that focus on improving health through chronic disease prevention and control, i.e., appropriate use of high value services, including certain prescription drugs and preventive services; adoption of healthy lifestyles, such as smoking cessation or increased physical activity; use of high performance providers who adhere to evidence-based treatment guidelines; and enrollee incentives that include rewards, reduced premium share, adjustments to deductible and co-pay levels, and contributions to fund-based plans, such as a Health Savings Accounts.

The recommendation needs to be broadened to include other employers. Survey results indicate strong support in the following items:

All 28 neighborhoods showed strong support for the recommendation “Provide rewards to employers for worksite wellness programs.”

“Provide more classes about prevention of High BP/Cholesterol at community centers. Encourage providers to talk to about nutrition and exercise with all patients, not just people who are overweight.”

-Southwest Multi-Service Center, Gulton/Sharpstown, Latino Adults

Only one neighborhood did not register 25% or more out of the 28 on the recommendation “Offer outreach programs to increase use of services to stay healthy.”

“Make public Blood Pressure machines available in more places.”

-Southwest Multi-Service Center, Gulton/Sharpstown, Latino ESL Adults

The highest percentage was 43% and lowest was 18%.

On the recommendation “Lower cost of medicine,” 26 of 28 neighborhoods registered 25%+ response, ranging from 53% to 21%.

## SOCIAL AND EMOTIONAL WELLNESS FOR YOUTH & ADOLESCENTS:

Municipalities should support and encourage legislative efforts to sustain school districts efforts to provide a comprehensive and coordinated approach to address the positive development and social and emotional needs of students by using a continuum of evidence-based practices aimed at promoting student success. Local and national advocates and researchers recommend School-wide Positive Behavioral Interventions and Supports (SW-PBIS), a proactive discipline approach which uses a three tiered framework for schools to provide universal, targeted, and indicated interventions.

Community members identified “isolation”, “depression”, and “lack of excitement” among the youth in their community. One participant commented that youth programs are unavailable to elementary and middle school children, and as a result, these kids “fall through the cracks.

-Southwest Multi-Service Center,  
Gulfton/Sharpstown, Latino Adults

Although this recommendation mentions a specific program approach, 27 out of the 28 neighborhoods responded strongly to the recommendation of “Provide social and emotional wellness programs in schools” ranging from 56% to 24%.

To better address social and emotional wellness of students municipalities should support a resolution that facilitates, develops, or strengthens partnerships with available community resources.

This recommendation is supported by several survey responses from the community that speak to the need for partnerships and other community resources that would enhance the emotional and mental wellbeing of our youth:

Twenty-six (26) of the 28 neighborhoods indicated they felt strongly about “Support after school programs” ranging from 50% to 23%.

“Limited availability of youth development programs or they run out when grants expire.”

- Ripley House Community Center,  
Gulfton/Sharpstown, Spanish Speaking  
Latino Adults

Twenty-four (24) of the 28 neighborhoods indicated they supported the recommendation “Have school districts and non-profits work on ways to prevent bullying among youth.” The percentages ranged from 46% to 11%.

“Bullying is a source of mental stress for many youth.”

-Ripley House Community Center,  
Downtown/East End, Spanish  
Speaking Latino Adults.

All but one of the neighborhoods indicated they wanted to “Promote use of skillful parenting methods” with a high of 52% and low of 18%.

The four strategic directions were selected because they are vital to controlling chronic disease and improving public health. Addressing them has the potential to dramatically improve the health and wellbeing of residents across the Houston/Harris County area by having an impact on chronic disease management and prevention. As mentioned earlier,

**Tobacco use is the most preventable cause of disease, disability, and death in America.**

There is increasing evidence that changes in the environment **can make healthy living easier when nutritious foods and safe places to play and be active in schools, neighborhoods, and worksites are available.**

**Increased use of high impact quality clinical preventive services with primary focus on hypertension and high cholesterol** can also have a dramatic effect on community health.

**Mental health is closely linked with physical health and can influence health outcomes. Social and emotional wellness** is the result of good living conditions, and is especially important for the healthy development of children and adolescents.

When it comes to Community Transformation, it is essential to address **health equity**. As mentioned earlier, the CDC states that “health equity” is achieved when every person in a community has the opportunity to reach their full health potential and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances”<sup>1</sup>. Health Equity refers to a social goal and to an ideal. Besides wanting all residents of Houston/Harris County to achieve optimal health, unaddressed health disparities can lead to a loss in a community’s productivity, economic, and social development.

As the capacity to deal with these health issues increases, so, too, will the quality of life for all area residents, not just today, but for future generations as well. Creating and sustaining a community that values health and well-being is measured across lifetimes, not simply years or decades. **The lasting impacts of smart policy are significant and this is particularly true with regards to public health policy.**

Good health does not exist in a vacuum but is the **result of both individual decisions and the environment in which those decisions are made**. It is hoped that this Health Equity Report will help address the priority of Transforming the Health of Houston/Harris County.

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